

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1956

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lewis twp</u>		c. LENGTH OF STAY (in this place) <u>NONE</u>	c. CITY: OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles S.E. Oregon, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Highway 71 6 Miles South Savannah, Mo.</u>	

3. NAME OF DECEASED a. (First) <u>Sarah</u>		b. (Middle) <u>Louisa</u>		c. (Last) <u>Hager</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 17, 1887</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Barnard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Hazelwood</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy C. Thrasher</u>		14. NAME OF HUSBAND OR WIFE <u>Mepnel E. Hager</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INSHORER'S SIGNATURE OR NAME <u>Bentley Day</u>	
				ADDRESS <u>Garden City, New York</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE + INTERNAL INJURIES.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>044</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 275 2 mi. S. Oregon</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oregon, Holt, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>car overturned</u>	

22. I hereby certify that I attended the deceased from NO., 19 , to NO., 19 , that I last saw the deceased alive on NO., 19 , and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. E. Chelmin</u> (Degree or title) <u>Coroner Holt</u>		23b. ADDRESS <u>Oregon, Mo.</u>		23c. DATE SIGNED <u>5/31/56.</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-1-1956</u>		REGISTRAR'S SIGNATURE <u>James Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. A. Ruck</u>		ADDRESS <u>Savannah, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Wm J Rich

Licensed Embalmer No. *42*

P. O. Address *Savannah*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.