

FEDERAL BUREAU OF INVESTIGATION FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030325

FILED VS SEP 6 1960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Butler Twp.</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY OR TOWN <u>Rural Butler Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>10 Mile S. W. Bethany</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dennis Raymond Hagler</u> 4. DATE OF DEATH Month Day Year <u>8-30-1960</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE. <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Harrison County Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <u>Ernest W. Hagler</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Bartlett</u>		14. NAME OF HUSBAND OR WIFE <u>Verna Hagler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Verna Hagler Bethany Mo.</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY HEMORRHAGE</u> DUE TO (b) <u>CARCINOMA OF RT. LOWER LOBE BRONCHUS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROSIS WITH CORONARY INSUFFICIENCY.</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>8-18-58</u> to <u>8-30-60</u> and last saw ^{her} him alive on <u>8-5-60</u> . Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Albert F. Nibbe M.D.</u>				22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>9-1-60</u>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23c. DATE <u>9-1-1960</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>		23e. LOCATION (City, town, or county) (State) <u>Coffey Mo.</u>	
24. FUNERAL DIRECTOR <u>W. S. Hoas Bethany Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>9-1-1960</u>		26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.