URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-030370

FILED VS AUG 22 1960

STATE FILE NUMBER

ENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Plains Mem Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Nebraska COUNTY
c. CITY OR TOWN Lincoln — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS 1308 N. 38th (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Leroy Middle W. Last Hagerty
4. DATE OF DEATH: Month August Day 17 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-6-1895
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James F. Hagerty
13b. MOTHER'S MAIDEN NAME: Alvira Tobias
14. NAME OF HUSBAND OR WIFE: Loie V. Hagerty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 506-07-5193
17. INFORMANT: Loie Hagerty, Address: Lincoln, Nebraska

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction, Ac — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11 Aug 1960, to 17 Aug 1960 and last saw him alive on 17 Aug 1960
Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS West Plains, Mo.
22c. DATE SIGNED 18-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Wyuka Cemetery
23d. LOCATION (City, town, or county) (State): Lincoln, Nebraska

24. FUNERAL DIRECTOR: Leland Carter ADDRESS: West Plains
25. DATE RECD. BY LOCAL REG.: Aug 8-18-60
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 29 1960

OCT 26 1960

OCT 20 1961

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address _____

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