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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mouett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mouett</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>804 4th st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vicent Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HAGAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1950</u>		
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 12 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Prisco P.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Lareuxie Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Abraham Hagar</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Fullerton</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie R. Hagar</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>702-03-6367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell L Hagar - mouett mo.</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b) <u>Myocardial degenerate</u>		
DUE TO (c) <u>Hypertension</u>		<u>1 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>15 yrs</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>?</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1143X</u>
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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?
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22. I hereby certify that I attended the deceased from 8-10, 1950, to 11-10-50, 1950, that I last saw the deceased alive on 11-10-50, 1950, and that death occurred at 7:53 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Frank Ben MR.</u>	(Degree or title)	23b. ADDRESS <u>Mouett Mo.</u>	23c. DATE SIGNED <u>11/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mouett Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-11-50</u>	REGISTRAR'S SIGNATURE <u>W. D. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home - Mouett Mo.</u>	ADDRESS <u></u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 25 1950

Dist. File 1250-2421

Date Filed 12-5-50

DEC 27 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Ray H. Muncy

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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 this body is not embalmed, fact should be so stated above.