

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1949

State File No. 23982

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5658		Registrar's No. 240	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Vineyard</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Vineyard</u>		52	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 Stotts City, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 1 Stotts City, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Mills</u> c. (Last) <u>Hagewood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1949</u>				
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 22 1889</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 Hrs. Hours <u>0</u> Min. <u>0</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 _____		11. BIRTHPLACE (State or foreign country) <u>Nixa, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Mills</u>		13b. MOTHER'S MAIDEN NAME <u>Abba Durcan</u>		14. NAME OF HUSBAND OR WIFE <u>H.S. Hagewood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison S. Hagewood</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation Heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>444x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. J. D. Sarcovic</u>				23b. ADDRESS <u>717 Sarcovic Mo.</u>		23c. DATE SIGNED <u>3-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liney Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-3-49</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		411 25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Torsett</u>		ADDRESS <u>Mo.</u>	

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

RECEIVED AUG 4 1949

District Health Office No. 6,

District File Number 849-905-

Date Filed 8-5-49

SEP 3 1949

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 _____
Student Embalmer

Signed May L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.