

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11940

0100  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>31</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Boone</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		<u>1883</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>50 Clark St</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Mary</u>			b. (Middle) <u>Maude</u>			c. (Last) <u>Hager</u>		
(Type or Print)			April			11 <sup>th</sup> 1950		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct 14<sup>th</sup> 1874</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (State or foreign country) <u>Hannibal Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>George S Hager</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Camery</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oak Hunter, Moberly, Mo</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility, general debilitation</u>					<u>4-5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					<u>3 wks</u>	
		DUE TO (b) <u>Influenza</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS					<u>48)X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
				<u>Centralia Boone Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>				
22. I hereby certify that I attended the deceased from <u>Mar 1</u> , 1950, to <u>Apr 11</u> , 1950, that I last saw the deceased alive on <u>Apr 10</u> , 1950, and that death occurred at <u>1:35 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>P. J. Edmondson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>101 W. Singleton St. Mo</u>		23c. DATE SIGNED <u>Apr 12, '50</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 12-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 12-1950</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McBride Mahan and Son</u>		ADDRESS <u>Moberly, Mo</u>		

RECEIVED  
APR 19 1950  
District Health Officer No. 9,  
District of Columbia

MAY 4 1950

SEP 12 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Frank D. Witt

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moody 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.