

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

313848  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>513 McKinley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED a. (First) <u>MELVIN</u> b. (Middle) <u>MAY</u> c. (Last) <u>HAGAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 - 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24 - 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 12 HRS. Hours <u>8</u>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	11. BIRTHPLACE (State or foreign country) <u>Hunterville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Woodson Hagar</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Frances Giles</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Hagar</u>
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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>491-14-2318</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ollie Hagar</u>	ADDRESS <u>513 McKinley Moberly</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS, GENERALIZED</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 SEPT 24, 1950, to OCT 2, 1950, that I last saw the deceased alive on OCT 2, 1950, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cemina C. Ochs M.D.</u>	23b. ADDRESS <u>Moberly, Mo.</u>	23c. DATE SIGNED <u>OCT 4 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 4 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/4/50</u>	REGISTRAR'S SIGNATURE <u>Jessie Knight</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>	ADDRESS <u>Moberly, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **OCT 9**  
DISTRICT HEALTH OFFICE  
District File Number *10-*  
Date Filed: **OCT 9 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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *P. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.