

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sargent 40400
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>833</u>		PRIMARY REG. DIST. NO. <u>6115</u>		Registrar's No. <u>174</u>		
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>				
b. CITY OR TOWN <u>RURAL 6115</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>RURAL</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIKESTON R7D#2</u>				d. STREET ADDRESS (If rural, give location) <u>SIKESTON Mo. R7D#2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>RICKY</u>		c. (Last) <u>HAGY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JUNE 22 1946</u>		
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SCOTT Co Mo O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>GEO W. HAGY</u>			13b. MOTHER'S MAIDEN NAME <u>GENEVA PRESTON</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Geo W. Hagy - Sikeston Mo R7D#2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebellar degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND 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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>309x</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? _____				
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>50</u> , to <u>11-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>51</u> , and that death occurred at <u>2:30</u> A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Alden P. Sargent M.D.</u>				23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>11-17-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW MORLEY</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO</u>		
DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hinder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		ADDRESS _____		

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

RECEIVED NOV 19 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1157-2

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.