

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2623**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Ralls							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. Residence		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri 0870		d. STREET ADDRESS (If rural, give location) Perry, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry, Mo.											
3. NAME OF DECEASED (Type or Print) Helen			a. (First)		b. (Middle) Hager		c. (Last)				
4. DATE OF DEATH Jan. 16, 1953				4. DATE (Month) (Day) (Year)							
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 20, 1914		9. AGE (in years) 38			
						# UNDER 1 YEAR 4		# UNDER 1 MO. 26			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Perry, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Griffith			13b. MOTHER'S MAIDEN NAME Dorsie			14. NAME OF HUSBAND OR WIFE John Hager					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME John Hager			ADDRESS Perry, Missouri		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cervix & Uterus				INTERVAL BETWEEN ONSET AND DEATH 6 mo			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensating Heart							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION '171X						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)					
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 Oct. 1952 , to Jan 16, 1953 , that I last saw the deceased alive on Jan 16, 1953 , and that death occurred at 7:30 P. M. , from the causes and on the date stated above.											
23a. SIGNATURE Ernest T. Swan D. O.						23b. ADDRESS Perry, Missouri			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-1953		24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery			24d. LOCATION (City, town, or county) (State) Ralls Co. Missouri				
DATE REC'D BY LOCAL REG. 1/19/53		REGISTRAR'S SIGNATURE Clyde Wilbey			25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilbey Perry, Mo.		ADDRESS				

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 Clyde L. Wilkey

Licensed Embalmer No. 3820

P. O. Address Tempe, Ariz

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.