

FILED JUL 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22348

0770
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BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 3889 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give CITY OR TOWN rural -- Jasper)		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bull Shoals Lake		e. STREET ADDRESS (If rural, give location) 709 N. 7th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence Herbert	b. (Middle) Hagler	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6 15 53
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-8-1927	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Construction Work	11. BIRTHPLACE (City and State or Foreign Country) Grandtower, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Hagler	13b. MOTHER'S MAIDEN NAME Clara Seagraves	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not known	16. SOCIAL SECURITY NO. 332-20-7735	17. INFORMANT'S SIGNATURE OR NAME x W M Hagler	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death By Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accidental fall from Bridge, hitting water 42' below bridge, impact DUE TO (c) Caused death by Drowning		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9028 45	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Bull Shoals Lake Jasper	21c. (CITY, TOWN, OR TOWNSHIP) 77 (COUNTY) Ozark (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 15 53 1:50 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? accidental fall from bridge
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22. I hereby certify that I attended the deceased from **6-15**, 1953, to **6-15**, 1953, that I last saw the deceased **per on when removed from lake at 4:30 P.M.**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Johnnie Waskowicz	(Degree or title) Coroner	23b. ADDRESS Gainesville, MO	23c. DATE SIGNED 6-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-16-53	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Murphysboro, Illinois
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DATE REC'D BY LOCAL REG. 6-27-53	REGISTRAR'S SIGNATURE Mae Johnson	243-0	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard ADDRESS Gainesville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

65914 6 1961

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.....
Signature of Student Embalmer

Signed *John R. Ware*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Riversville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.