

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22503

FILED JUN 22 1956

BIRTH NO.		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 3074		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 9 Days		c. CITY OR TOWN Sikeston		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 843 Agnes St. 100.90			
3. NAME OF DECEASED (Type or Print) a. (First) Geneva		b. (Middle) Robert		c. (Last) Hagy		4. DATE OF DEATH (Month) (Day) (Year) 6 6 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-21-1924		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Crowder, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Preston			13b. MOTHER'S MAIDEN NAME Donna Flowers		14. NAME OF HUSBAND OR WIFE George W. Hagy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Hagy, Sikeston, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple pulmonary emboli DUE TO (c) Pregnancy with placenta abruptio 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 6706				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, 19____, to 6-6, 1956 that I last saw the deceased alive on 6-6, 1956 and that death occurred at 6:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Alden Sargent M.D.				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 6-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-8-1956	24c. NAME OF CEMETERY OR CREMATORY NEW		24d. LOCATION (City, town, or county) (State) MORLEY MO		
DATE REC'D BY LOCAL REG. 6-14-56 over		REGISTRAR'S SIGNATURE Mrs. Edna Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welsh Funeral Home, Sikeston Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED

JUN 18 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No.

656-14D

JUN 17 1957

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..... Raymond J. Lewis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.