

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31457

STATE FILE NUMBER

FILED OCT 8 1956

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 29

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	MONROE	a. STATE	MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only)	MONROE CITY	b. COUNTY	MONROE
OR TOWN	MONROE CITY	c. CITY OR TOWN	MONROE CITY
c. FULL NAME OF (If NOT in hospital, give location)	MONROE CITY REST HOME	d. STREET ADDRESS	EAST DOVER
HOSPITAL OR INSTITUTION	2 MONTHS	(If outside, give location)	
Length of stay in lb		Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
LEONA	BELL	HAGAR	Sept	29
5. SEX			6. COLOR OR RACE	
FEMALE			WHITE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH	
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			JULY 1ST 1895	
9. AGE (In years last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
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11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY?	
ROLLS COUNTY MISSOURI			U.S.A.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSE Keeper		OWN Home		ROLLS COUNTY MISSOURI		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
WILLIAM J CHISHAM				ALICE BELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT	
no				none		Mrs Bessie May Ryan	
						Address Rolls County Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		4 YEARS	
CARCINOMA OF BREAST			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED?
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
Hour Month, Day, Year			CITY, TOWN, OR LOCATION				
a. m. p. m.			COUNTY STATE				
20e. INJURY OCCURRED			20f. CITY, TOWN, OR LOCATION				
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			COUNTY STATE				

21. I attended the deceased from		and last saw her alive on	
JULY 22 56		DEPT 20 1956	
Death occurred at		m on the date stated above; and to the best of my knowledge, from the causes stated.	
3 P. m.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
John Hittbe M.D.		Monroe City, Mo	
		22c. DATE SIGNED	
		10/1/56	

23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
Burial		OCT. 1 - 1956		Brusch Creek Cemetery		ROLLS COUNTY MISSOURI	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
Wilson & Sons		10-1-56		E. Eric Robertson			
ADDRESS							
MONROE CITY MO							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 M. M......, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 301

P. O. Address Monroe City

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.