

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026592
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Randolph County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Mo.		c. CITY OR TOWN Huntsville R.R.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If outside, give location) 9 Days	

3. NAME OF DECEASED (Type or print) First Middle Last Crete Brockman Hagar			4. DATE OF DEATH Month Day Year July 13 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Ma r. 16. 1874	9. AGE (In years last birthday) 84	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Randolph Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Will Allen Brockman	13b. MOTHER'S MAIDEN NAME Elizabeth Miles	14. NAME OF HUSBAND OR WIFE Lee Hagar
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Lee Hagar	Address Huntsville Mo. P.R.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 36 hours
DUE TO (b) Cerebral Hemorrhage		11 days
DUE TO (c) 331X		
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 Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Huntsville	COUNTY Mo.	STATE Mo.
21. I attended the deceased from July 2, 1958 to 7/13/58 and last saw her alive on 7/13/58 Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE G. Moe Rains (Degree or title) D.O.	22b. ADDRESS Moberly, Missouri	22c. DATE SIGNED 7/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 15 1958	23c. NAME OF CEMETERY OR CREMATORY Huntsville	23d. LOCATION (City, town, or county) (State) Huntsville Mo.
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24. FUNERAL DIRECTOR Tom B. Patton	ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 7-15-58	26. REGISTRAR'S SIGNATURE Peabody
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 24 1958

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 *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville*

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.