MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960

-60-039293
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 126

ENDED

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana, Mo.
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Audrain
c. CITY OR TOWN Vandalia, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) **********
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James Middle: Shelva Last: Hagar
4. DATE OF DEATH Month: Oct. Day: 13, Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-24-83
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Ralls Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Hagar
13b. MOTHER'S MAIDEN NAME: Molley Bramblett
14. NAME OF HUSBAND OR WIFE: Etna Eddleman Hagar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: 495-36-9038
17. INFORMANT: Mrs. Elma Lee Brown, Bowling Green Mo.

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — minutes
DUE TO (c) Metastatic carcinoma — Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma in Abd.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 10-11-60, to 10-13-60 and last saw him alive on 10-12-60
Death occurred at 4:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert A. Brooks M.D. (Degree or title)
22b. ADDRESS Bowling Green, Mo
22c. DATE SIGNED 10-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-15-60
23c. NAME OF CEMETERY OR CREMATORY: Vandalia, Cemetery
23d. LOCATION (City, town, or county) (State): Vandalia, Mo.
24. FUNERAL DIRECTOR ADDRESS: Bankhead Chapel, Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 15-1960
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold Kirke

Licensed Embalmer No. 4597

P. O. Address Bowling

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.