

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046814

FILED VS DEC 29 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 505

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Marian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		Length of stay in 1b	c. CITY OR TOWN <u>LaGrange</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shady Lawn Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>No Street Address</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>F.</u> Last <u>Hagood</u>			4. DATE OF DEATH Month <u>December</u> Day <u>14</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-2-1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and state or country) <u>LaGrange, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Norace Hagood</u>		13b. MOTHER'S MAIDEN NAME <u>Zella Suddeth</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Hagood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-36-2832</u>		17. INFORMANT <u>Mrs. Mamie Hagood LaGrange, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs</u> <u>4 yrs</u>
IMMEDIATE CAUSE (a) <u>terminal pneumonia</u>		
DUE TO (b) <u>cerebral vascular accident</u>		
DUE TO (c) <u>arteriosclerosis with hypertension</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
21. I attended the deceased from <u>8/22/60</u> to <u>12/14/60</u> and last saw him <u>alive on</u> <u>12/10/60</u> Death occurred at <u>Hannibal, Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>F. E. Sultzman M.D.</u> (Degree or title)		22b. ADDRESS <u>115 N. 5th St., Hannibal, Mo</u>	22c. DATE SIGNED <u>12/20/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-17-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>LaGrange Mo.</u>

24. FUNERAL DIRECTOR <u>J. Kenneth Bailey</u> ADDRESS <u>LaGrange, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/23/60</u>	26. REGISTRAR'S SIGNATURE <u>St. E. M. Lucke by Lillian M. Herman</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 28 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange,

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