MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014485
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 155

FILED APR 27 1961

1. PLACE OF DEATH
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ralls

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal
Length of stay in 1b: 2 Hours.

c. CITY OR TOWN R.F.D.#2. Monroe City
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Saline Township
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Una Middle: Dora Last: Hagar

4. DATE OF DEATH Month: April Day: 17 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/26/'89

9. AGE (last birthday): 71

IF UNDER 1 YEAR: Months 5 Days 21
IF UNDER 24 HR: 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: Farming

11. BIRTHPLACE (City and state or country): Ralls Co. Mo

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Jo hn M. Watts.

13b. MOTHER'S MAIDEN NAME: Mary C. Baxter

14. NAME OF HUSBAND OR WIFE: Leo Hagar, Dece.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------

17. INFORMANT: Mrs. Albert Bixler. Address: Monroe City

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) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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

21. I attended the deceased from Jan 1961, to 17 April 1961 and last saw her him alive on 17 April 1961

Death occurred at 6:30 P.M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wyatt Hamlin MD

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/20/1960

23c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

23d. LOCATION (City, town, or county) (State): Monroe City Mo.

24. FUNERAL DIRECTOR: Harold Garner ADDRESS: Monroe City Mo.

25. DATE RECD. BY LOCAL REG.: 4/26/61

26. REGISTRAR'S SIGNATURE: A. E. M. Lucke by Lillian M. Norman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 3 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Moore City 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.