

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017044
STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 49

FILED JUN 6 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gentry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		a. STATE Missouri b. COUNTY Gentry		c. CITY OR TOWN Stanberry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main Street		Length of stay in lb 49 years		d. STREET ADDRESS (If outside, give location) Main Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Rolla		Middle Lee		Last Hagey		Month May Day 23 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-10-1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Dawsonville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin F. Hagey			13b. MOTHER'S MAIDEN NAME Lucy Shelton			14. NAME OF HUSBAND OR WIFE --	
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 Benjamin F. Hagey, Stanberry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown							
DUE TO (c)							
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	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>5-25-59</u> to <u>5-23-61</u> and last saw ^{her} him alive on <u>4-13-61</u> Death occurred at <u>1:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In case or title) Albert R. Carlew, M.D.				22b. ADDRESS Stanberry, Missouri		22c. DATE SIGNED 5-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-25-1961	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		23d. LOCATION (City, town, or county) Stanberry		23e. STATE Missouri	
24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo.			25. DATE RECD. BY LOCAL REG. 5-29-61		26. REGISTRAR'S SIGNATURE Geo. L. W. Bare		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

HEMATIC SHOULD READ

BY AFFIDAVIT OF

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 Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stauberry

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.