

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033653

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 49

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED SEP 27 1961**

1. PLACE OF DEATH  
 a. COUNTY Montgomery  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery Twn Length of stay in 1b 30 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes  No

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

3. NAME OF DECEASED (Type or print) First Marion Middle J Last Hagood 4. DATE OF DEATH Month Sept Day 10 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-22-1869 9. AGE (last birthday) 92 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Colorado Springs Colo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William L. Hagood 13b. MOTHER'S MAIDEN NAME Annia J. Mc Quoid 14. NAME OF HUSBAND OR WIFE Annie J. Hagood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Lester Vernon Hagood Montgomery 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) Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH Instant  
 DUE TO (b) Coronary insufficiency 6 weeks  
 DUE TO (c) conduction system disease years  
 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 10 a.m. Month, Day, Year Sept 10-61

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.) Home 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1953 to Sept 10-61 and last saw him alive on Sept 10-61. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester Vernon Hagood 22b. ADDRESS Montgomery Mo 22c. DATE SIGNED 9-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept 12-1961 23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem 23d. LOCATION (City, town, or county) (State) Montgomery City Mo

24. FUNERAL DIRECTOR C. W. Hopkins ADDRESS MONTGOMERY CITY MO 25. DATE RECD. BY LOCAL REG. 9-16-1961 26. REGISTRAR'S SIGNATURE Laura B Callaway

NOV 29 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, XX on the 10 th day of Sept 1961, Student Embalmer No. \_\_\_\_\_

OR by \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C.W. Hopkins  
*C.W. Hopkins*

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address \_\_\_\_\_

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.