MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003213
STATE FILE NUMBER

Registration District No. 945 Primary Registration District No. 6015 Registrar's No. 95

FILED JAN 22 1962

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural--Salt Spring Twp.
Length of stay in 1b: 29 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: West of Huntsville
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Rural--Salt Spring Twp.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): West of Huntsville
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Gertrude Middle: Beatrice Last: Hagar
4. DATE OF DEATH: Month: January Day: 10 Year: 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-9-1917
9. AGE (last birthday): 45
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Deluth, Minnesotta
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Leo Lovell
13b. MOTHER'S MAIDEN NAME: Sybil Bunch
14. NAME OF HUSBAND OR WIFE: Joe Fred Hagar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Joe Fred Hagar: R.R.#2: Huntsville, Mo.

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): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza — 4days
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. ☐ 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 1-9-62 to ____ and last saw her alive on 1-10-62
Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. Noel Rains (Degree or title) D.O.
22b. ADDRESS: Moberly, Missouri
22c. DATE SIGNED: 1-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-12-1962
23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
23d. LOCATION (City, town, or county) (State): Huntsville, Missouri

24. FUNERAL DIRECTOR: Tom B Patton ADDRESS: Huntsville
25. DATE RECD. BY LOCAL REG.: 1-19-1962
26. REGISTRAR'S SIGNATURE: Odonna Patterson

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tom B Patton

Signature of Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.