FILED JUN 1 0 1968 DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH STATE FILE NUMBER 124 (PHYSICIAN OR CORONER) CERTIFICATE OF DEATH Registrar's No. DO NOT WRITE Primary Registration District No., Registration District No. ON THIS STUB VS 300 DECEASED -- NAME Rev. 1/68 Themas May 30, 1968 Grever Hager 2.Male UNDER 1 DAY DATE OF BIRTH ( MONTH, DAY, RACE WHITE, NEGRO, AMERICAN INDIAN, AGE-LASI UNDER I TEAR ...5-18-190**7** white 70. Henry CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER ) INSIDE CITY LIMITS SPECIES YES OF NO 14. Windsor Hospita]
MARRIED. NEVER MARRIED. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Wingser EV 6 S DECEASED STATE OF BIRTH CIP HOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY COUNTRY WIDDWED DIVORCED SPECIFY) Me. U.S.A. USUAL RESIDENCE mViel<u>a Georgo</u> WHERE DECEASED SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY LIVED, IF DEATH WORKING LIFE, EVEN IF RETIRED ! OCCURRED IN ,,487-10-4907 INSTITUTION, GIVE ADMISSION. RESIDENCE - STATE CITY, TOWN, OR LOCATION INSIDE CITY LIMITS STREET AND NUMBER COUNTY SPECIFY YES OR NO P <sub>16.</sub> Henry Mo. R. 3 Windsor MA DO. Windser FATHER-NAME MOTHER-MAIDEN NAME **PARENTS** Sauire Hawer ⊩ Kewell Tulia Η. Hager I NFORMANT - NAME (STREET OF B.I.D. NO., CITY OF TOWN, STATE, ZIF) MAILING ADDRESS R. F. D. #3 Windser, Missouri Mrs. Viela Hager APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SENTER ONLY ONE CAUSE PAR LINE FOR (a), (b), AND (c) PART I. DEATH WAS CAUSED BY: CREDITS CONDITIONS, IF ANY, WHICH GAVE BISE TO IMMEDIATE CAUSE (OI, STATING THE UNDER-LYING CAUSE LAST CAUSE IF YES WERE FINDINGS CO. SIDERED IN DETERMINING CAUS HOW INJURY OCCURRED CENTER NATURE OF INJURY IN PART I OR PART II, ITEM HE ! ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED LIPECIFY I See handbook for instructions. INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, LOCATION I STREET OR R.F.D. HO., CITY OR TOWN, STATE ! PERMANENT BLACK INK. OFFICE BIDG., ETC. ISPECIFY I AND LAST SAW HIM/HER ALIVE ON CERTIFICATION-I DID DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE I ATTENDED THE OF MY KNOWLEDGE, TATERIOED THE MAYCL 28 1968 THE MAY 30. CERTIFICATION—MEDICAL EXAMINER OF CORONER: ON THE BASS OF THE EXAMINATION OF THE BOOT AND OF THE INVESTIGATION, IN MY OFFINION DEATH OCCURRED ON THE DATE AND OUT TO THE CAUSE(S) STATIO. 1968 may 30, 30 1968 218. DID HOUR OF DEATH MONTH Y F A 8 CERTIFIER 30 1968 5:10 Am CERTIFIER - NAME (TYPE OF PRINT) MAILING ADDRESS -- CERTIFIER 73d. BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN 246. Calhoun Cometery 246. Calhoun
FUNERAL HOME—NAME AND ADDRESS 15 FEET OR R.F.D. NO., CITY OF 10WM, STATE, 28-1
156. Clifford Gouge 301 W. Benten St. Burial Misseuri

Benten St.

Windser.

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19-8-68

BOG GIR HILL

## STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under	my personal supervision.	Signed Clifford Louise
Student		Signed Cultora Noval
•	Signature of Student Embalmer	5011
· ·	•	Licensed Embalmer No. 5014

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.