

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29948

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4192 Registrar's No. 5

370

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasconade Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery, Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morrison, Mo.</u>	c. LENGTH OF STAY (in this place) township) <u>4 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rhineland, Mo. Rural Loure T.P.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BERTHA</u>	b. (Middle) <u>ALZEDA</u>	c. (Last) <u>HAGEDORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25th 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 5th 1871</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Days) (If under 1 hr: Hours) (If under 15 min: Min.) <u>78</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Near Bluffton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Alexander Quick.</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Clark.</u>	14. NAME OF HUSBAND OR WIFE <u>August Hagedorn.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Neek</u>	ADDRESS <u>Morrison, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERIPHERAL CIRCULATORY FAILURE</u>		<u>5 MINUTES</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>CORONARY THROMBOSIS</u>		<u>5 MINUTES</u>
DUE TO (c) <u>ARTERIOSCLEROSIS GENERALIZED + CORONARY</u>		<u>INDEFINITE PROBABLY 2.5 YRS.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 20</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/25/50, 1950, to 9/25/50, 1950, that I last saw the deceased alive on 9/25/50, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>O. von Bastian, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Morrison, Mo.</u>	23c. DATE SIGNED <u>9/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 28th 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meyers Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Rhineland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/27/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

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 .....  
Student Embalmer

Signed

*D B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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 this body is not embalmed, fact should be so stated above.