

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

810

FILED JAN 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (in this place) <u>2 days.</u>		c. CITY OR TOWN <u>Union-Rural-Union Township.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>10 mi. South of Washington, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Hagedorn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17th, 1952.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 21st, 1876</u>		9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR <u>2</u>	# UNDER 1 RES. Hours <u>26</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Gildehaus, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry J. Hagedorn.</u>			13b. MOTHER'S MAIDEN NAME <u>Anna B. Sieve.</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hagedorn</u>		ADDRESS <u>Gildehaus, Mo.</u>	
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 <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Non-diabetic mellitus, Nephritis, Myocarditis &amp; Endocarditis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)			
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?			
22. I hereby certify that I attended the deceased from <u>1-16, 1952</u> , to <u>1-17, 1952</u> , that I last saw the deceased alive on <u>1-16, 1952</u> , and that death occurred at <u>10:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.M. Lenny M.D.</u> (Degree or title)				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>1-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>St. John's Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Villa Ridge (Gildehaus) Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 29, 1952</u>		REGISTRAR'S SIGNATURE <u>R. S. Hagedorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nielburg &amp; Vitt Inc.</u> ADDRESS <u>Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 10 1963

**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

*[Handwritten Signature]*

Licensed Embalmer No. ....

*123875*

P. O. Address

*Washington, D.C.*

**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.