

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Mo.	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 814 West Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION res			

3. NAME OF DECEASED (Type or Print)	a. (First) KARI	b. (Middle) DOKKEN	c. (Last) HAGGEN	4. DATE OF DEATH (Month) (Day) (Year) Jul. 27, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 18, 1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Norway Frestegfeld	12. CITIZEN OF WHAT COUNTRY? (N) USA
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13a. FATHER'S NAME Knute Hokken	13b. MOTHER'S MAIDEN NAME Beret Hoode	14. NAME OF HUSBAND OR WIFE M. S. Haggen
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marlin Shively, W.Plains, Mo.
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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, ashenia, 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) Pulmonary edema		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Arteriosclerotic heart disease		6 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 July 7, 1956 to July, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 7:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. J. Fowler MD	23b. ADDRESS West Plains, Missouri	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jul. 28, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Devils Lake, N. Dakota
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DATE REC'D BY LOCAL REG. 8-9-56	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Stouffur W.Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Hal J. Young

Licensed Embalmer No. *3408*

P. O. Address *W. Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.