S. No. 300
v. 10.48

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30317

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 205

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN: WASHINGTON
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 626 S. Stafford St.

036 20

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARY c. (Last) HAGEDORN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 21, 1864
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 7, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and State or Foreign Country): VILLA RIDGE MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK SELLMEYER
13b. MOTHER'S MAIDEN NAME: MARY ELIZABETH GILDEHAUS
14. NAME OF HUSBAND OR WIFE: MARTIN HAGEDORN, Dec'd.

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'S SIGNATURE OR NAME: MISS LIZZIE HAGEDORN ADDRESS: 626 S. Stafford St WASH.

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, asthenia, 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) Cerebral Hemorrhage	40 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Arteriosclerosis -	30 yrs
	DUE TO (c) Arterio sclerotic Heart Disease	30 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 26, 1956, *to* Sept. 29, 1956, *that I last saw the deceased alive on* Sept. 28, 1956, *and that death occurred at* 1:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John B Ryan MD.
23b. ADDRESS: Washington, Mo
23c. DATE SIGNED: 9-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: OCTOBER 3, '56
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Church Cemetery
24d. LOCATION (City, town, or county): VILLA RIDGE (State): MO

DATE REC'D BY LOCAL REG.: 9/29/56
REGISTRAR'S SIGNATURE: F. C. Heidmann G. L. C. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE: Henry W. Otto
ADDRESS: Washington

(Licensed Embalmer's Statement on Reverse Side)

99-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....None...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry W. Otte

Licensed Embalmer No. 356

P. O. Address Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.