

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041425

FILED VS- NOV 25 1959

STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 7752 Registrar's No. 28

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Charles</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wentzville</u>	Length of stay in 1b <u>28 yrs</u>	c. CITY OR TOWN <u>Wentzville.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>Frank</u>	Middle <u>D.</u>	Last <u>Hagan</u>	Month <u>Nov</u>	Day <u>20</u>	Year <u>1959</u>	

5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/28/1908</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months <u>5</u>	Days <u>24</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Typewriter</u>	11. BIRTHPLACE (City and state or country) <u>Bowling Green, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	---------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>Charles Hagan</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Fuller</u>	14. NAME OF HUSBAND OR WIFE
-----------------------------------------	-----------------------------------------------	-----------------------------

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. <u>None</u>	17. INFORMANT <u>Miss Patricia Hagan</u>	Address <u>Wentzville, Mo.</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	------------------------------------------	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>30 DAYS</u> <u>1 YR.</u> <u>1 YR.</u>
IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL FAILURE</u>		
DUE TO (b) <u>LATENEC CIRRHOSIS</u> DUE TO (c) <u>DIABETES MELLITUS</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
-----------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

20c. TIME OF INJURY	Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
---------------------	----------------------------------------	--------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------	--------	-------

21. I attended the deceased from Nov. 1958 to Nov. 20, 1959 but saw her alive on Nov. 20, 1959
 Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W.E. Bergesen D.O.</u>	22b. ADDRESS <u>WENTZVILLE MISSOURI</u>	22c. DATE SIGNED <u>11/21</u>
------------------------------------------	-----------------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/22/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bowling Green Mo.</u>	(State) <u>59</u>
---------------------------------------------------------	-----------------------------	------------------------------------------------------------------	----------------------------------------------------------------	-------------------

24. FUNERAL DIRECTOR <u>T.J. Pitman, Wentzville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 23 1959</u>	26. REGISTRAR'S SIGNATURE <u>Patricia F. Huff</u>
----------------------------------------------------------	-------------------------------------------------	---------------------------------------------------

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 4 1959

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 _____

Signature of Student Embalmer

Signed

Carlton J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Wentzville

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.