

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002322

FILED VS JAN 18 1961

230

Registration District No. _____ Primary Registration District No. 5810

Registrar's No. 21

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Loutre Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery c. CITY OR TOWN New Florence, Mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Osba Middle Lawerence Last Hagedorn			4. DATE OF DEATH Month Jan Day 9 Year 1961				
5. SEX M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HR Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Americus, Mo	12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME Henry John Hagedorn		13b. MOTHER'S MAIDEN NAME Henrietta Holtwick		14. NAME OF HUSBAND OR WIFE Mrs Anna Hagedorn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mrs Ralph Hubbard Montgomery City				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 30 Min. Several years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis Mild Hypertension Coronary Heart Disease Senility					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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 May 27, 1959 to Jan. 9, 1961 and last saw her alive on Jan. 7, 1961 Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. H. Thompson</i> (Degree or title)			22b. ADDRESS New Florence Mo		22c. DATE SIGNED 1-10-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-11-1961	23c. NAME OF CEMETERY OR CREMATORY Liberty Baptist Cemetery	23d. LOCATION (City, town, or county) (State) Big Spring, Mo			
24. FUNERAL DIRECTOR ADDRESS D B Baker New Florence, Mo			25. DATE RECD. BY LOCAL REG. 1-11-1961	26. REGISTRAR'S SIGNATURE <i>Mrs Eunice Bush</i>			

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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