

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-016931

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 59

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1963

VS 300
Rev. 4/59

10730
2550
3
4
5 13
6
7
8 2
94200
10
11
126-0
136-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Diamond		Length of stay in lb 4 months	c. CITY OR TOWN Pierce City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Union Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 Walnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anthony Joseph Hagedorn			4. DATE OF DEATH Month Day Year April 4 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11/24/1888
9. AGE (last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concrete Finisher	11. BIRTHPLACE (City and state or country) Barry County Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME August Hagedorn	13b. MOTHER'S MAIDEN NAME Anna Fenske
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Ben A Hagedorn RFD 1 Wentworth, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 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 6 hrs
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 a.m. p.m. Month, Day, Year			
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 Nov 1962 to April 1963 and last saw him alive on 4/4/63 Death occurred at 8:21 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature] M.D.		22b. ADDRESS [Address]	22c. DATE SIGNED 4/17/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/8/1963	23c. NAME OF CEMETERY OR CREMATORY St. Marys	23d. LOCATION (City, town, or county) (State) Pierce City, Mo.
24. FUNERAL DIRECTOR ADDRESS Wm. J. Wesnell Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-63	26. REGISTRAR'S SIGNATURE [Signature]

No burial permit issued. Did not receive certificate until 4-22-63

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 me, Student Embalmer No. 8 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Mount Airy

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.