

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1950

State File No. 37749

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>378</u>					
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		2209					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calfax Ave</u>				d. STREET ADDRESS (If rural, give location) <u>2242 A Dodier St</u>							
3. NAME OF DECEASED (Type or Print) a: (First) <u>Edward</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Hagen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 15-1903</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Show Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Edward Hagen</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Schadow</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Hagen</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl Hagen St Louis Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Chronic Alcoholism</u></p> <p>DUE TO (c) <u>Found dead on banks of Bear Creek near Clemons Field</u></p>								3222			
				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>W. Crawford Smith 3rd</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>11-10-50</u>					
24a. BURIAL: CREMA TION, REMOVAL (Specify)		24b. DATE <u>Nov. 11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>					
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal Mo.</u>					

RECEIVED NOV 14 1950
MARION CO. HEALTH DEPT.
DATE FILED NOV 16 1950

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 _____

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Mo

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.