

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15201

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 20

1951  
 4

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

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BREWER - SALINE T.S.</u>	
c. LENGTH OF STAY (In this place) <u>1 MO</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENEVIEVE REST HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>HAGEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>FEB 5 1872</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PERRY CO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MICHAEL HAGEN</u>		13b. MOTHER'S MAIDEN NAME <u>JANE E. DUVALL</u>		14. NAME OF HUSBAND OR WIFE <u>IDA LAYTON</u>	
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>17096</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Dennis Perryville Mo RRA 4</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 March 15, 1951, to Apr. 5, 1951, that I last saw the deceased alive on Apr. 5, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>William E. Seaman</u>		23b. ADDRESS <u>516 Genevieve Mo</u>		23c. DATE SIGNED <u>April 6, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>APRIL 9 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>PERRYVILLE MI</u>	

DATE REC'D BY LOCAL REG <u>Apr. 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Dwight M. Karl - Dep</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Young &amp; Sons Perryville Mo</u>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 17 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Walter Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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 this body is not embalmed, fact should be so stated above.