

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41623

State File No. 5538

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side		d. STREET ADDRESS (If rural, give location) 736 Park Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Madalene	b. (Middle) A.	c. (Last) Hager	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 7, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maine	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fritz Hager
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-24-1079	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jess Thomas	ADDRESS 736 Park
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate 2 da 2 mo 2 yr
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) venous thrombosis		
	DUE TO (c) diabetic gangrene		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetic melitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **11-9**, 19**51**, to **12-23**, 19**51** that I last saw the deceased alive on **12-23, 1951** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H.C. LeHue (Degree or title)	23b. ADDRESS 5811 Truman Rd.	23c. DATE SIGNED 12-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Ceme.	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 12-24-51	REGISTRAR'S SIGNATURE Gertrude Helmer	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons	ADDRESS 4139 Truman Rd. K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

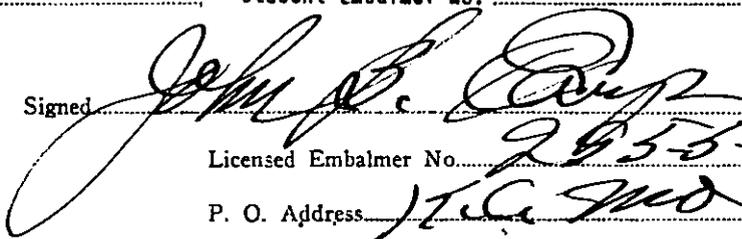
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2955-

P. O. Address J.C. [unclear]

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.