

FILED JAN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1856

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 0267 Registrar's No. _____

540

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	c. LENGTH OF STAY (In this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Fritz b. (Middle) William c. (Last) Hagemann			4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1952	
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5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 25, 1960		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 91
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry C. Hagemann		13b. MOTHER'S MAIDEN NAME Marie Eversman		14. NAME OF HUSBAND OR WIFE None	
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Hagemann Odessa, Mo.		
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial failure				
ANTECEDENT CAUSES	DUE TO (b) Arteriosclerosis				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) myocarditis, nephritis				
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) Traumatism				
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Jan 1951, to Jan 2, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 4:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Martin		23b. ADDRESS Odessa, Mo.		23c. DATE SIGNED 1-3-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Mayview Cemetery	24d. LOCATION (City, town, or county) (State) Mayview, Mo.		
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DATE REC'D BY LOCAL REG. Jan 2, 1952	REGISTRAR'S SIGNATURE Emma Davidson		453	25. FUNERAL DIRECTOR'S SIGNATURE Husman - Sparks		ADDRESS Odessa, Mo.
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RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed JAN 8 1952 -----

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 *George L. Husman* -----

Signed.....

Student Embalmer

Licensed Embalmer No. *9541* -----

P. O. Address *Adrian Ind* -----

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.