

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13649

State File No.

DECEASED MAY 5 - 1952

BIRTH NO.		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>5815</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles S.W. Stover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles S.W. Stover</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles S.W. Stover</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) <u>Hagedorn</u>			c. (Last) <u>Hagedorn</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1952</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>June 20, 1857</u>	9. AGE (In years last birthday) <u>94</u>	10. MONTHS <u>10</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Hagedorn</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhemina Koester</u>			14. NAME OF HUSBAND OR WIFE <u>Louise Hagedorn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Hagedorn Jr. Stover, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension +</u> DUE TO (c) <u>Advanced arteriosclerosis</u> 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>447X</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 <u>July</u> , 19 <u>50</u> , to <u>May 2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>52</u> , and that death occurred at <u>8:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree & title) <u>Jack Gunn M.D.</u>				23b. ADDRESS <u>Terovilles Mo.</u>		23c. DATE SIGNED <u>5-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3rd 1952</u>		REGISTRAR'S SIGNATURE <u>John L. Ripberger</u>		25. FINANCIAL DIRECTOR'S SIGNATURE <u>G. L. Sturman</u>		ADDRESS <u>Stover, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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

J. L. Stevinson

Licensed Embalmer No. *4673*
P. O. Address *Stover, 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.