S. No. 300
7. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REC'D AUG 4 1952

State File No. 24470

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3077

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 66 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3116 Belmont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3116 Belmont 3598

3. NAME OF DECEASED (Type or Print)
a. (First): BRADY
b. (Middle): B
c. (Last): HAGERMAN

4. DATE OF DEATH (Month) (Day) (Year): July 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: April 23 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Interior Decorator-Self Employed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Akron, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: David A Hagerman
13b. MOTHER'S MAIDEN NAME: Ann Erkins
14. NAME OF HUSBAND OR WIFE: Ada Hagerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-16-5796
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ruth Esther Smith
ADDRESS: 6021 Truman Road

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular " — 1 yr
DUE TO (c) Arteriosclerotic Heart Disease — 1 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis — 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 19 50, *to* time of death, 19____, *that I last saw the deceased alive on* July 2, 19 52, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE MD (Degree or title): Leo M. Mullen — Leo M. Mullen M.D.
23b. ADDRESS: 3548 Indiana Ave
23c. DATE SIGNED: 7-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5-1952
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 7-7-52
REGISTRAR'S SIGNATURE: Geraldine Haines
25. FUNERAL DIRECTOR'S SIGNATURE: Kirk & Robin
ADDRESS: 20 West Linwood

(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~~ .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed Farrest D Coldsnow

Signed .....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K C 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.