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

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20751

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 684

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Rochester Twp. 0020 1
d. STREET ADDRESS (If rural, give location): R.F.D. #4. Savannah, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): Marie
c. (Last): Hagan

4. DATE OF DEATH (Month) (Day) (Year): June 20 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 25, 1889
9. AGE (In years last birthday): 64 | 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): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Paul, Minn. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Peppard
13b. MOTHER'S MAIDEN NAME: Mary Falkenbach
14. NAME OF HUSBAND OR WIFE: Carl Hagan

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.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Carl Hagan. R.F.D.#4, SavannahMo.

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) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

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. Diabetes Mellitus — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 10/25, 1952 *to* 6/20, 1953, *that I last saw the deceased alive on* 6/19, 1953 *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Guy Redmond, M.D. (Degree or title)
23b. ADDRESS: St Joseph, Mo
23c. DATE SIGNED: 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: June 24, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 4.85
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Herman Wm. Sidenfaden 1802 Union St.
(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

FEB 23 1955

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 Herman Wm Sydenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.