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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35712

State File No.

FILED NOV 10 1953

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oregon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brown Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt 0440
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oregon 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): HADDEN

4. DATE OF DEATH (Month) (Day) (Year): October 30 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: May II 1875

9. AGE (In years last birthday): 78 | 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 farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Iowa /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Hadden

13b. MOTHER'S MAIDEN NAME: Louise Rissler

14. NAME OF HUSBAND OR WIFE: ********

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: Mrs. Albert Vogler
ADDRESS: Fairfax Mo.

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) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PARKINSON'S SYNDROME — 40 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DECUBITIS ULCERS — 2 MONTHS.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
350X

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* Aug. *, 1947, to* Oct 30 *, 1953, that I last saw the deceased alive on* Oct 29 *, 1953, and that death occurred at* 7:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Callain
(Degree or title): A.B., D.O. 2
23b. ADDRESS: Oregon Mo.
23c. DATE SIGNED: 11-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Fairfax Mo.

DATE REC'D BY LOCAL REG.: 11-2-53
REGISTRAR'S SIGNATURE: James H Crawford 464-0

25. FUNERAL DIRECTOR'S SIGNATURE: Schooler Funeral Home
ADDRESS: Fairfax Mo.

(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 Marvin N. Schaeler

Signed.....
Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Fairfax, Mis

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

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