No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5680

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1320 South Arlington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 125 East Boonville 0804 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ANDREW
c. (Last): HAGEMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1887
9. AGE (In years last birthday): 66 | 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (City and State or Foreign Country): Dodge City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: A.J. Hageman
13b. MOTHER'S MAIDEN NAME: Ora Ellie Pentelton
14. NAME OF HUSBAND OR WIFE: Edna Lee Jone Hageman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give dates of service): ******
16. SOCIAL SECURITY No.: 491-07-6213
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Edna Hageman, Sedalia, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4/201
20. AUTOPSY? YES [ ] NO [X]

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* 14 Feb, 1954, *to* 14 Feb, 1954, *that I last saw the deceased alive on* 14 Feb, 1954, *and that death occurred at* 830 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn A. Walker D.O.
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 17 Feb 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/17/54
24c. NAME OF CEMETERY OR CREMATORY: Highland Memorial Gardens
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: 2/18/54
REGISTRAR'S SIGNATURE: A.J. Campbell M.D. 251-0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Duane Ewing, Sedalia, 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Duane Ewing

Licensed Embalmer No. 38

P. O. Address Sedalia

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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