

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8679**
1111

BIRTH FILED **MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSPITAL		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) E. c. (Last) HAGSTROM		4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 31, 1879
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS /
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY SELF	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME THEODORE TEICHGRAEBER		13b. MOTHER'S MAIDEN NAME Emma HARTWIG	14. NAME OF HUSBAND OR WIFE WM. HAGSTROM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WM. HAGSTROM, KANSAS CITY, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 Weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerosis Cardiovascular disease		years -	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis; Renal Calculi		443X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 2-16 , 1954, to 3-11 , 1954, that I last saw the deceased alive on 3-11 , 1954, and that death occurred at 12 N. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. A. Slentz (Degree or title) m. d. D		23b. ADDRESS 315 Nichols Rd. K.C. Mo.	23c. DATE SIGNED 3-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-13-1954	24c. NAME OF CEMETERY OR CREMATORY LINDSBORG CEMETERY	24d. LOCATION (City, town, or county) (State) LINDSBORG, KANSAS
DATE REC'D BY LOCAL REG. 3-12-54	REGISTRAR'S SIGNATURE Smith	25. FUNERAL DIRECTOR'S SIGNATURE GATES ADDRESS FUNERAL HOME, KANSAS CITY, KANSAS	

Dr. E.L. St
Plaza Med
L01533
1:PM

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.....
Signature of Student Embalmer

Signed *Jimmy S. Hubbs*.....

Licensed Embalmer No. 409.....

P. O. Address *Mission, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.