

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33254**

FILED NOV 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4536</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 1905		c. CITY OR TOWN Kansas City		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3929 Harrison St.				STREET ADDRESS (If rural, give location) 3929 Harrison				
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) W.		c. (Last) Hagel		4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 16, 1876		
9. AGE (In years last birthday) 79 years		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer			10b. KIND OF BUSINESS OR INDUSTRY K.C. Mo. Water Dept.			11. BIRTHPLACE (City and State or Foreign Country) Dept. Mt. Sterling, Ill.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Jacob Hagel		13b. MOTHER'S MAIDEN NAME Elizabeth Hadling		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Miss Edna H. Hagel				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory failure DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, cerebral vessels.				INTERVAL BETWEEN ONSET AND DEATH 42 days 331 X		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept. 3, 1955 , to Oct. 20, 1955 , that I last saw the deceased alive on Oct. 20, 1955 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Frank A. Northrup (Degree or title) M.D.				23b. ADDRESS 3836 First Avenue		23c. DATE SIGNED 10-22-55		
24a. BURIAL CREMATION, REMOVAL (Specify) Removal (Auto)		24b. DATE Oct. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Hartford, Mo.		
DATE REC'D BY LOCAL REG. 10-22-55		REGISTRAR'S SIGNATURE Reva Munsell		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk ADDRESS 4316 Troost Ave.				

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.