

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31300  
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 867 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hawk Point</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Hospital</u>		Length of stay in 1b <u>2 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>5210</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Josephine</u> Middle <u>Hagemeyer</u> Last <u>Hagemeyer</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>10</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 9, 1878</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>7</u> IF UNDER 24 HRS.: Hours <u>7</u> Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Diedrick Nagle</u>			14. MOTHER'S MAIDEN NAME <u>Lena Niemeyer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Hawk Point, Mo.</u> <u>Mrs. Edith M. Engelhardt</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RENAL FAILURE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INSUFFICIENCY</u> DUE TO (c) <u>ARTERIOSCLEROTIC H.S. DISEASE</u> ✓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a). <u>GENERALIZED ANASARCA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>6 mos</u> <u>2 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-12-55</u> to <u>9/10/56</u> and last saw her/him alive on <u>9/9/56</u> Death occurred at <u>5:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Ink or title) <u>Louis B. Heltage MD</u>			22b. ADDRESS <u>370 E. WOOD TROY, MO</u>		22c. DATE SIGNED <u>9/10/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-12-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>F.W.Nieburg &amp; Co., Warrenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-15<sup>th</sup> 1956</u>		25. REGISTRAR'S SIGNATURE <u>Emma R. Piddle</u>	

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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 *John F. Nieburg*  
Licensed Embalmer No. 38

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.