

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41063

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY OR TOWN WASHINGTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL			e. STREET ADDRESS (If rural, give location) 305 FAIR ST. 0300		

3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) HENRY c. (Last) HAGEDORN			4. DATE OF DEATH (Month) (Day) (Year) DEC 8, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 24, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 2 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE FACTORY		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and State or Foreign Country) VILLARIDGE FRANKLIN Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MARTIN HAGEDORN	13b. MOTHER'S MAIDEN NAME ANNA SELMEYER	14. NAME OF HUSBAND OR WIFE MINNIE MAUNE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE 493-01-0160	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MINNIE HAGEDORN, 305 FAIR WASH. MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis - Diabetes Mellitus		10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 260.X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation of left leg		1 Mon.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION at chest high level to Arterio sclerotic gangrene	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Aug, 1956, to Dec 8, 1956, that I last saw the deceased alive on Dec 7, 1956, and that death occurred at 7:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Ryan M.D.	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 12-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Mo
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DATE REC'D BY LOCAL REG. 12/20/56	REGISTRAR'S SIGNATURE R. S. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry W. Otto Washington Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

99.0

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 NONE....., Student Embalmer No. NONE..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry W. Otto.....
Licensed Embalmer No. 3560.....
P. O. Address Washington.....

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.