

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022375
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 107

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1-57
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1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp		Length of stay in lb 3 Weeks	0530 STREET ADDRESS Rt. 1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) BERTHA First HAGERMAN Last Middle			4. DATE OF DEATH Month June Day 28 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1884
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HRS. Hours 3 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Baden Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Goetlieb Hess	
13b. MOTHER'S MAIDEN NAME Lydia Lorrhahor		14. NAME OF HUSBAND OR WIFE Henry Hagerman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT Address Mr. Henry Gagerman, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 June 14, '58 to June 25, '58 and last saw her ^{alive} on June 28, '58 Death occurred at 8:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Carrington, M.D. (Name or title)		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 6-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/58	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo		25. DATE RECD. BY LOCAL REG. 6-30-1958	26. REGISTRAR'S SIGNATURE Hella L. Hlay

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received JUL 7 1958
Laclede County Health Unit
File No. 107
Date Filed JUL 7 1958

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, Va

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.