

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009426

STATE FILE NUMBER 1157

FILED MAR 26 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OVERLAND PARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 6911 W 694		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN H. HAGERTY			4. DATE OF DEATH Month Day Year MAR 2 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 20, 1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTNER		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and state or country) BROOKLYN NEW YORK		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Hagerty		13b. MOTHER'S MAIDEN NAME Sarah King		14. NAME OF HUSBAND OR WIFE SOPHIE HAGERTY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI U.S. ARMY		16. SOCIAL SECURITY NO. 335-03-4492	17. INFORMANT Address MRS SOPHIE HAGERTY OVERLAND PARK KS		
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>Acute & Chronic pyelonephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Septicemia acute</u>			<u>5 days</u>
		DUE TO (c) <u>Uremia, terminal</u>			<u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1063</u>					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 a.m. p.m. Month, Day, Year					
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>10-27-51</u> to <u>2 Mar. 59</u> and last saw him alive on <u>1 March 1959</u> Death occurred at <u>4:15 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Fred H. Lundgren</u>		22b. ADDRESS <u>345 Nichols Road</u>		22c. DATE SIGNED <u>3-3-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <u>3-5-59</u>		23c. NAME OF CEMETERY OR CREMATORY St. Gall's Cemetery	
				23d. LOCATION (City, town, or county) (State) Elburn, Illinois	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 20 W. Linwood K. C. Mo.		25. DATE RECD. BY LOCAL REG. 3-3-59	
				26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

Fred H. Lundgren only black ink or ribbon type write if possible

MEDICAL CERTIFICATION

NOT RECORDED IN THIS OFFICE UNLESS IT MUST BE CAUSALLY RELATED.

Dr. Lundgren
Pl. Med. Bldg.
1 PM - 5 PM

va 1-8833

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. 437
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.