

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031356

STATE FILE NUMBER

FILED VS OCT 2 1959

Registration District No. 002 Primary Registration District No. 3019 Registrar's No. 36

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Andrew		b. CITY (if outside corporate limits, give TOWNSHIP only) Cosby		a. STATE Missouri		b. COUNTY Andrew	
Length of stay in 1b 78 yrs.		c. CITY OR TOWN Cosby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION No Street Number				d. STREET ADDRESS None			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First August		Middle W.		Last Ladage		Month Day Year Sept. 12, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Wertenberg, Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frederick Ladage			13b. MOTHER'S MAIDEN NAME Caroline unknown		14. NAME OF HUSBAND OR WIFE Bertha Ladage		
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. none		17. INFORMANT Mrs. Bertha Ladage, Cosby, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease						5 years	
DUE TO (b) with congestive failure						3 months	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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. attended the deceased from 5-17-37 , to 9-12-59 and last saw him alive on 9-10-59				Death occurred at 8:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warren D. Baker M.D.			22b. ADDRESS Savannah, Missouri			22c. DATE SIGNED 9-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept. 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Cosby E.U.B. Cemetery		23d. LOCATION (City, town, or county) Cosby, Missouri		(State)
24. FUNERAL DIRECTOR Messchaffar-Hegeman Inc. <i>Wm. Holt</i>			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 9-15-59	26. REGISTRAR'S SIGNATURE Zellman Sparks	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Harmon

Licensed Embalmer No. 3298

P. O. Address H. Joseph

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