

R1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS. JUL 20 1960

-60-025781

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cole Camp		Length of stay in 1b 17 Yrs	c. CITY OR TOWN Cole Camp Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION - - - - -		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - - - - Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Franz Theodore Hagedorn			4. DATE OF DEATH Month Day Year July 8th 1960			
--	--	--	--	--	--	--

5. SEX Male	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 11-7-1905	9. AGE (last birthday) 55	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Stover Mo	12. CITIZEN OF WHAT COUNTRY U S A
---	---	--	---

13a. FATHER'S NAME Louis Hagedorn	13b. MOTHER'S MAIDEN NAME Louise Steinmeyer	14. NAME OF HUSBAND OR WIFE Mrs Alvina Hagedorn
---	---	---

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. 493-46-4247	17. INFORMANT Mrs Alvina Hagedorn Cole Camp Mo
---	---	--

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)	Myocardial Infarction	immediate
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Coronary atherosclerosis	immediate
	DUE TO (c) Generalized arteriosclerosis	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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 checked="" 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 _____ to _____ and last saw him alive on **July 8, 1960**
 Death occurred at **9:05 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John L. Hagedorn Sr.</i> (Degree or title)	22b. ADDRESS Cole Camp, Mo	22c. DATE SIGNED 7-9-60
---	--------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-11-1960	23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	23d. LOCATION (City, town, or county) Cole Camp Mo (State)
--	-------------------------------	---	--

24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo	25. DATE RECD. BY LOCAL REG. July 10th 1960	26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 E L Eickhoff
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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.