

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-046459

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 256

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY *Franklin*
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Washington* Length of stay in 1b *1 day*
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *St. Francis Hospital* Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo.* b. COUNTY *Franklin*
c. CITY OR TOWN *Villa Ridge* Inside Limits Yes No
d. STREET ADDRESS (If outside give location) *R.R.* Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last *John H. Hagedorn*
4. DATE OF DEATH Month Day Year *Dec. 14, 1962*

5. SEX *Male* 6. COLOR OR RACE *White* 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH *2/15/1875* 9. AGE (last birthday) *87* IF UNDER 1 YEAR Months *9* Days *29* IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Farmer* 10b. KIND OF BUSINESS OR INDUSTRY *Farm* 11. BIRTHPLACE (City and state or country) *Washington, Mo* 12. CITIZEN OF WHAT COUNTRY *U.S.A.*

13a. FATHER'S NAME *Henry Hagedorn* 13b. MOTHER'S MAIDEN NAME *Anna B. Sieve* 14. NAME OF HUSBAND OR WIFE *RR*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do not know) (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *None* 17. INFORMANT *Mrs. Gloria Kleeckamp, Villa Ridge, Mo* Address *RR*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Coronary occlusion* INTERVAL BETWEEN ONSET AND DEATH *10 yrs.*
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Arteriosclerotic Heart Disease*
DUE TO (c) *Generalized Arteriosclerosis*

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 *Oct. 1962* to *Dec. 14, 1962* last saw him/her alive on *Dec. 13, 1962*
Death occurred at *8:20 A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Lee B. Heutel M.D.* 22b. ADDRESS *Union, Missouri* 22c. DATE SIGNED *Dec 14, 1962*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *Dec 17, 1962* 23c. NAME OF CEMETERY OR CREMATORY *St. John's Cemetery* 23d. LOCATION (City, town, or county) *Villa Ridge Missouri*

FUNERAL DIRECTOR *Neuberg & Witt* ADDRESS *Washington, Mo* 25. DATE RECD. BY LOCAL REG. *12/15/62* 26. REGISTRAR'S SIGNATURE *Lula C. Friedman*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 9 1963

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

Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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.