

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32416

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>0-4-7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blainstown</u>		<u>8-4-29</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>T.</u> c. (Last) <u>Jageman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-28-1876</u>		9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>Henry</u>	
13a. FATHER'S NAME <u>Joseph Jageman</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie Jageman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sallie Jageman Blainstown Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchus Pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>possibly 5 yrs</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-17</u> , 19 <u>50</u> to <u>9-11</u> , 19 <u>50</u> that I last saw the deceased alive on <u>9-11</u> , 19 <u>50</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Beach M.D.</u>			23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>9-11-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carraville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn D. Young</u> <u>331</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. King Jr.</u>		ADDRESS <u>Clifton, Mo</u>	

(Licensed Embalmers Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 25 1950
Dist. File 950-1982
Date Filed 9-27-50

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
Student Embalmer

Signed

Fred W. [Signature]

Licensed Embalmer No. 46510

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.