

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047684

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 25 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED JAN 16 1962

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in 1b 2 hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SEMO Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cape Gir.
 c. CITY OR TOWN Rt. 1 Gordonville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4 mi. S. W. Gordonville Reside on Farm Yes No

3. NAME OF DECEASED First Kenneth Middle David Last Hager 4. DATE OF DEATH Month December Day 27 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-20-1937 9. AGE (last birthday) 24 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Arthur Hager 13b. MOTHER'S MAIDEN NAME Olara Probst 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ***** 16. SOCIAL SECURITY NO. 491-44-3400 17. INFORMANT Arthur Hager Address Gordonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Chronic Nephrosis INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
 DUE TO (b) Diabetes Mellitus 18 yrs.
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 12-26-61 to 12-27-61 and last saw him alive on 12-26-61
 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.F. McDonald M.D. (Degree or title) 22b. ADDRESS Jackson, Mo. 22c. DATE SIGNED 1-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-29-1961 23c. NAME OF CEMETERY OR CREMATORY Christ Luth. Cemetery 23d. LOCATION (City, town, or county) (State) Gordonville, Mo.

24. FUNERAL DIRECTOR Pord & Sons ADDRESS Cape Girardeau, Mo. 25. DATE RECD. BY LOCAL REG. 1-10-62 26. REGISTRAR'S SIGNATURE James Kasten

2966 JAN 17 1962

Private Body

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.

1-1-62-51
JAN 17 1962