SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

61-047927
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 18

FILED JAN 24 1962

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b HR.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JACKSON
c. CITY OR TOWN LEVASY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) FORT OSAGE TWP — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HILDA Middle M. Last NAGEL
4. DATE OF DEATH Month Dec Day 29 Year 1961
5. SEX FEMALE
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-16-898
9. AGE (last birthday) 63
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) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) LEVASY Mo
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME EDWARD DIECKMAN
13b. MOTHER'S MAIDEN NAME CAROLINE OBER
14. NAME OF HUSBAND OR WIFE Oliver Nagel.
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.
17. INFORMANT Oliver Nagel. Address Levasy Mo

MEDICAL CERTIFICATION

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)	Massive coronary occlusion	4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardio vascular disease	4 yrs.
DUE TO (c)		

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 September 1957, to 12-29-61 and last saw her alive on 11-6-61
Death occurred at 4:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Everett Dausch (Degree or title) MD
22b. ADDRESS 10901 Winner Road
22c. DATE SIGNED 1/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-2-62
23c. NAME OF CEMETERY OR CREMATORY Buckner
23d. LOCATION (City, town, or county) Buckner (State) Mo

24. FUNERAL DIRECTOR Hazel H. Reppert. ADDRESS Buckner Mo
25. DATE RECD. BY LOCAL REG. 1-2-62
26. REGISTRAR'S SIGNATURE Ella L. Craig

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — INSTEAD OF — SHOULD READ — ITEM NO.

JAN 24 1962

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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