

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11938

State File No.

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>W.</u> c. (Last) <u>Jagelski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 9 - 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb - 3 - 1882</u>
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Junk dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Junk dealer</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Valentine Jagelski</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	
14. NAME OF HUSBAND OR WIFE <u>Elise Jagelski</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way and dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE, OR NAME <u>Elise Jagelski</u>		ADDRESS <u>Wheaton, 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>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Pneumonia Complicated</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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>Apr. 1, 1952</u> to <u>Apr. 9, 1952</u> , that I last saw the deceased alive on <u>Apr. 8, 1952</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James L. Holmes M.D.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>	
23c. DATE SIGNED <u>4/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April - 12 - 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Purdy cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purdy Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 15 - 1952</u>		REGISTRAR'S SIGNATURE <u>Grace William</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheaton Funeral Home</u>		ADDRESS <u>Wheaton, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side) M^{rs} Queen - CWO'er.

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

APR 25 1942

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

Paul D. Herbert

Licensed Embalmer No. *4576*

P. O. Address *Cassville, 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.