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

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36090

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wash. Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsythe</u>	
c. LENGTH OF STAY (In this place) <u>22-3-18</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) <u>ROSIE NAGEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-49</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-30-1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Month <u>11</u> Day <u>27</u>	IF UNDER 10 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Taney Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Loeas Nagel</u>	13b. MOTHER'S MAIDEN NAME <u>Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record, Wash</u>	ADDRESS <u>Wash</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>✓</u>		
	DUE TO (c) <u>✓</u>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile deterioration?</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>3533</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-22, 1944 to 10-27, 1949, that I last saw the deceased alive on 10-26, 1949 and that death occurred at 4-45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. G. Vall, M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>10-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>STAINEXVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Vays</u>	ADDRESS <u>Nevada Mo</u>
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NOV 10 1949

RECEIVED  
District Health Officer No. 7  
District File Number 9-49-12  
Date Filed 10-31-49

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Bert B. Bennett*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Merada, 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.