

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27396

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dover rural (Dover Twp.)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles East

2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence Mo
d. STREET ADDRESS (If rural, give location) 809 N Spring 0484

3. NAME OF DECEASED (First) (Middle) (Last)
Harley W. Nagel

4. DATE OF DEATH (Month) (Day) (Year)
August 12 - 1950

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 12-4-21

9. AGE (In years) (Months) (Days) (Hours) (Min.)
28 / 8 / 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Minister

10b. KIND OF BUSINESS OR INDUSTRY
L.D. Saints

11. BIRTHPLACE (State or foreign country)
Sieus Falls South Dakota

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
J.W. Nagel

13b. MOTHER'S MAIDEN NAME
Julia Johnson

14. NAME OF HUSBAND OR WIFE
Sadie Onka Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Sadie Nagel, Independence, Mo.

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) Crushing injury left chest with shock + hemorrhage motor car wreck.
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
32

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
no operation

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) HOME OR WORK
motor car

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Dover Mo

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
2 miles east Dover Mo 24 Highway

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Aug - 12 - 1950 8 AM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Motor car accident ROR.

22. I hereby certify that I attended the deceased from Aug 12 1950, to called for when last saw the deceased alive on at the death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. Martin M.D. Crown

23b. ADDRESS
Odesa Mo

23c. DATE SIGNED
8-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Aug. 15, 1950

24c. NAME OF CEMETERY OR CREMATORY
Mound Grove

24d. LOCATION (City, town, or county) (State)
Independence, Mo.

DATE REC'D BY LOCAL REG.
Aug 30 - 1950

REGISTRAR'S SIGNATURE
Clayton W Landrum

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
James F. Tempel, Lee, Mo

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

540

RECEIVED 9
DISTRICT HEALTH OFFICE No.
District File Number _____
Date Filed 9-6-50

OCT 3 1950

RECEIVED

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.....
Student Embalmer

Signed *Geo. M. Kean*

Licensed Embalmer No. 2983

P. O. Address *Leungton, 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.