

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33818**

No. 300

10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **388**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (in this place) <b>13 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1027 W. White Oak St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1027 W. White Oak</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>IDA</b>		b. (Middle) <b>MARIE LISETTA</b>		c. (Last) <b>NAGEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1950</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 11, 1871</b>		9. AGE (In years less birthday) <b>79</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Femme Osage, Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Henry Groenerman</b>			13b. MOTHER'S MAIDEN NAME <b>Brueggeman</b>			14. NAME OF HUSBAND OR WIFE <b>Gottlieb J. Nagel Indep</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Paul Nagel</b> ADDRESS <b>Indep, Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident (Stroke)</b>		DUE TO (b) <b>Arteriosclerosis (Cerebral)</b>		DUE TO (c) <b>Senility</b>		<b>6 days</b>	
		ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>year</b>	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>Senile Dementia</b>		<b>6 mos</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Aug 25**, 19**49**, to **Oct 2**, 19**50**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:15 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Johnson</b> (Degree or title)		23b. ADDRESS <b>212 Paul Bldg Independence, Mo</b>		23c. DATE SIGNED <b>10/4/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (s)</b>		24b. DATE <b>Oct. 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Mo</b>		DATE REC'D BY LOCAL REG. <b>Oct. 3, 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Otto Mitchell</b> ADDRESS <b>Indep, Mo.</b>		354			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3156

P. O. Address Independence

**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.