No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39679

BIRTH NO. 78125 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 369

104 0

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clifton City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ted
b. (Middle) Ray
c. (Last) Aggeler

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH Nov 20 - 1952
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months, Days 2 — IF UNDER 24 HRS.: Hours 10, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hubert Aggeler
13b. MOTHER'S MAIDEN NAME Bernice Schuster
14. NAME OF HUSBAND OR WIFE —

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 Hubert Aggeler — ADDRESS Clifton City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, Congenital

ANTECEDENT CAUSES

Morbid 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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7626
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov, 1952, *to* 23 Nov, 1952, *that I last saw the deceased alive on* 23 Nov, 1952, *and that death occurred at* 6:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) P V Siegel MD
23b. ADDRESS Smithton MO
23c. DATE SIGNED 11/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-23-52
24c. NAME OF CEMETERY OR CREMATORY St Josephs Cemetery
24d. LOCATION (City, town, or county) Clifton City (State) Mo

DATE REC'D BY LOCAL REG. 11-23-52
REGISTRAR'S SIGNATURE A. J. Campbell MD Boldin Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros — ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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 K P M Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.