

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"RURAL"</u> <u>1040</u>	
c. LENGTH OF STAY (in this place) <u>0-0-16</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 2, BILLINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Levonth</u> b. (Middle) <u>-</u> c. (Last) <u>Nagel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 17-1894</u>
9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>1</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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Nick Nagel</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Bollinger</u>	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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hosp Records</u> <u>Neosho</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renaluria Precip</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo +</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>3007</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>	
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)
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>2-2-53</u> 19, to <u>2-18-53</u> 19, that I last saw the deceased alive on <u>2-18-53</u> 19, and that death occurred at <u>6:25 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. D. Shreeve M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>2/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SMART CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MO.</u>
DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>John Dean Harris</u> <u>Cleve, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.