

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14629

State File No. ....

FILED MAY 14 1953

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 7005	
c. LENGTH OF STAY (In this place) 15Yrs		d. STREET ADDRESS (If rural, give location) 1027 W. White Oak 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1027 W. White Oak			

3. NAME OF DECEASED (Type or Print) MR. GOTTLIEB JOHN NAGEL			4. DATE OF DEATH April 23, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 15, 1869		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Conrad Nagel		13b. MOTHER'S MAIDEN NAME Louise Schaefer		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul C. Nagel Indep. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterograde Heart Disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4200			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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Passive Congestion of lungs			

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)		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 12/5, 1952, to 4/28, 1953, that I last saw the deceased alive on 4/20, 1953, and that death occurred at 5 PM., from the causes and on the date stated above.

23a. SIGNATURE E. H. Alton, M.D.		23b. ADDRESS 310 S. Main Independence Mo.		23c. DATE SIGNED 4/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
				24d. LOCATION (City, town, or county) (State) Indep. Mo.	

DATE REC'D BY LOCAL REG. 4-25-53		REGISTRAR'S SIGNATURE James H. Craig		5. CORONER'S SIGNATURE ADDRESS W. Mitchell 1027 W. White Oak, Mo.	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Marion A. King*

Licensed Embalmer No. \_\_\_\_\_

*3156*

P. O. Address \_\_\_\_\_

*Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.