

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20776

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. LENGTH OF STAY (In place) <u>19 years</u>	c. CITY OR TOWN <u>Slater</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 N Walnut St</u>		f. STREET ADDRESS (If rural, give location) <u>223 N Walnut St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) HAGEL c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) 6-10-55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED married

8. DATE OF BIRTH Nov-20-1889 9. AGE (In years last birthday) 65-5-20

10a. USUAL OCCUPATION (If kind of work occupying most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (City and State or Foreign Country) New Hartford Conn Ct

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Hagel 13b. MOTHER'S MIDDLE NAME Ann 13c. NAME OF MARRIED WIFE Josephine Hagel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 49476-1020

17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Hagel ADDRESS Slater Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes

ANTECEDENT CAUSES (b) Gravid hypertension (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

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) Slater Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 June 1952, to June 10, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Nelson Davis M.D. 23b. ADDRESS 214 1/2 N. Main 23c. DATE SIGNED 6-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE June 12-55 24c. NAME OF CEMETERY OR CREMATORY Slater City Cem 24d. LOCATION (City, town, or county) (State) Slater Mo

DATE REC'D BY LOCAL REG. 6-13-55 REGISTRAR'S SIGNATURE Mrs. Earl C. Metz 25. FUNERAL DIRECTOR'S SIGNATURE J. E. Jones ADDRESS Slater Mo

WRITE PLAINLY—USING UNFAADING 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
Signature of Student Embalmer

Signed

Licensed Embalmer No. 31

P. O. Address State

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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