

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27801

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Jettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Beauvoir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Lincoln</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile east 2080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>L.</u> c. (Last) <u>Jaekel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 19 1865</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>91 6 5</u>	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August L. Jaekel Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Schmidt</u>	14. NAME OF HUSBAND OR WIFE <u>Kemie Jaekel (deceased)</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alma Kelsch</u>	ADDRESS <u>Terre Haute</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage- August 22nd. 1956</u>		
	DUE TO (c) <u>Cardio-Vascular Disease with</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension. Over 3mos to my knowledge.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Medical only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>over 3 mos. 8-24-56</u>
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22. I hereby certify that I attended the deceased from 8-24-56, 1956, and that death occurred at 9:50 P.M., 1956, from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS (Degree or title) <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>8-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 27, 1956</u>	REGISTRAR'S SIGNATURE <u>L. Quinn Coates, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Davis & son</u>	ADDRESS <u>Lincoln</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

251

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. *4073*

P. O. Address, *Stone M*

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.