

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020777  
State File No.

FILED JUN 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO 0587</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Herkoville</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Herkoville Oct. Hosp</u>			
STREET ADDRESS (If local, give location) <u>124 So. Maxwell St.</u>			

3. NAME OF DECEASED a. (First) <u>Milton</u> b. (Middle) <u>-</u> c. (Last) <u>Yagel</u>			4. DATE OF DEATH Month <u>07</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 18, 1881</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>01</u> IF UNDER 1 HRS. Hours <u>01</u> Min. <u>01</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Constantine Yagel</u>		13b. MOTHER'S MAIDEN NAME <u>(Anna Anderson)</u>		14. NAME OF HUSBAND OR WIFE <u>(Mrs. Lela Yagel)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>(494-44-0063)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Yagel</u> ADDRESS <u>Brookfield</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Contusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>2 1/2 days</u> <u>2 1/2 days</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>road</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Sullivan</u> (COUNTY) <u>MO</u> (STATE) <u>105</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car left road and turned over</u>	

22. I hereby certify that I attended the deceased from June 16, 1958, to June 19, 1958, that I last saw the deceased alive on June 19, 1958, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mt. Lutenescher</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Herkoville Mo</u>		23c. DATE SIGNED <u>6-19-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 22 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crosshill</u>	
24d. LOCATION (City, town, or county) <u>Brookfield Linn</u> (State) <u>MO</u>		DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u> 25 FUNERAL DIRECTOR'S SIGNATURE <u>Willie</u> ADDRESS <u>Brookfield, Mo</u>			

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.....  
Signature of Student Embalmer

Signed *James B. M<sup>s</sup> Cella*

Licensed Embalmer No. *423*

P. O. Address *Brookfield*

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.