URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JUN 13 1960

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STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williams Township
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Miles N.E Cole Camp
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Benton
c. CITY OR TOWN Willians Township
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 9 Miles N.E. Cole Camp
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Louis Middle O Last Jagels
4. DATE OF DEATH Month June Day 4th Year 1960.
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-7-1881
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Cole Camp Mo
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Henry Jagels
13b. MOTHER'S MAIDEN NAME Meta Stelling
14. NAME OF HUSBAND OR WIFE Katherine Jagels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-42-9991
17. INFORMANT Herbert Jagels Address Cole Camp Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	immediate
DUE TO (c)	Generalized Arteriosclerosis	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from — to — and last saw him alive on Never saw pt alive.
Death occurred at 9:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M L Nelson DO
22b. ADDRESS Cole Camp Mo
22c. DATE SIGNED 6-6-60.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-7-60
23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
23d. LOCATION (City, town, or county) Benton County (State) Mo

24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo
25. DATE RECD. BY LOCAL REG. 6-7-1960
26. REGISTRAR'S SIGNATURE E. L. Eickhoff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.