

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038833

FILED VS NOV 7 1960

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 129

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg, Mo.</i>		Length of stay in 1b <i>6 Weeks</i>		c. CITY OR TOWN <i>Warrensburg, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>815 N. Holden</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>LOUIS</i> Middle <i>H.</i> Last <i>JAGELS</i>				4. DATE OF DEATH Month <i>Nov.</i> Day <i>3</i> Year <i>1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9-10-1889</i>	9. AGE (last birthday) <i>71 Yrs.</i>	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) <i>Lutheran Minister</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (City and state or country) <i>Davenport, Neb.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Richard Jagels</i>			13b. MOTHER'S MAIDEN NAME <i>Louise Schnackenberg</i>			14. NAME OF HUSBAND OR WIFE <i>Eugenia Jagels</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-42-5822</i>		17. INFORMANT <i>Mrs. Eugenia Jagels, Warrensburg, Mo.</i>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Transition</i> DUE TO (b) <i>Paroxysm agitated</i> DUE TO (c) <i>Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>4 yrs</i> <i>4 yrs.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>9-30-59</i> to <i>Nov. 3, 1960</i> and last saw <del>her</del> him alive on <i>11/2/60</i> Death occurred at <i>12:15 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>Warrensburg, Mo.</i>			22c. DATE SIGNED <i>11-3-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 5, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>		23d. LOCATION (City, town, or county) <i>Warrensburg</i>		23e. (State) <i>Mo.</i>		
24. FUNERAL DIRECTOR <i>THE BRAUNINGER, WARRENSBURG, MO.</i>				25. DATE RECD. BY LOCAL REG. <i>Nov. 5, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Savannah C. Smithfield</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 AON

NOV 15 1980

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**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

*H. A. V. Brumby Jr.*

Licensed Embalmer No. 3377

P. O. Address

*Warrington,*

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