

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary Registration District No. 5311 Registrar's No. 143 STATE FILE NUMBER 0039716

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 2 1964**

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Grove Twp</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
Length of stay in 1b <u>5 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles north</u>		d. STREET ADDRESS (If outside, give location) <u>2 miles north</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>AGGELER</u> Last <u>AGGELER</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>26</u> Year <u>1964</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 22, 1880</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state or country) <u>Pilot Grove Mo U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Aggeler</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Fuser</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Elizabeth Aggeler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>Mrs. Margaret Lange Bonville Mo</u>

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) <u>Acute Myocardial Infarction</u>		<u>Hours</u>
DUE TO (b) <u>Coronary Heart Disease</u>		<u>8-10 years</u>
DUE TO (c) <u>  </u>		<u>  </u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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	
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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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	Month, Day, Year <u>  </u> <u>  </u> <u>  </u>		
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 <u>6-23-64</u> to <u>10-26-64</u> and last saw her alive on <u>9-2-64</u> Death occurred at <u>7:10</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>B. M. Stewart, MD</u> (Degree or title)		22b. ADDRESS <u>329 Main St, Bombsville, Mo</u>		22c. DATE SIGNED <u>10-27-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct 28, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Ch Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	
24. FUNERAL DIRECTOR <u>Harps-Kaunter, Pilot Grove, Mo.</u> ADDRESS <u>  </u>		25. DATE RECD. BY LOCAL REG. <u>10/28/64</u>	26. REGISTRAR'S SIGNATURE <u>  </u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	VS 300 Rev. 4/59	1 <u>0270</u>	2 <u>0270</u>	3	4 <u>0</u>	5 <u>2</u>	6	7 <u>0</u>	8 <u>2</u>	9 <u>4/201</u>	10	11	12 <u>90-0</u>	13 <u>1-0</u>
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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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Painter*

Licensed Embalmer No.

*4069*

P. O. Address

*Pilot Grove, Mo*

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.