

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20082

|  |  |  |  |  |  |  |  |
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| BIRTH NO.  |  | REG. DIST. NO. 170   |  | PRIMARY REG. DIST. NO. 3033  |  | Registrar's No. 103  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u><br>c. LENGTH OF STAY (In this place) <u>16 yrs</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 Stanwood</u>        |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Laclede</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u><br>d. STREET ADDRESS (If rural, give location) <u>13 Stanwood</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Henrietta</u> b. (Middle) <u>Agree</u> c. (Last)<br>4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1949</u>   |  |  |  | 5. SEX <u>Female</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> 8. DATE OF BIRTH <u>April 29, 1879</u> 9. AGE (In years last birthday) <u>72</u> 10. MONTHS <u>2</u> 11. DAYS <u>0</u> 12. IF UNDER 1 YEAR Hours Min. 13. IF UNDER 1 MIN. Hours Min.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |  |  | 13a. FATHER'S NAME <u>J.W. Hardy</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Albert Agree</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>none</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Willis</u> ADDRESS <u>Lebanon</u>  |  |  |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma of stomach</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma;</u><br>19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>none</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____   |  | 22. I hereby certify that I attended the deceased from <u>Aug.</u> , 19 <u>40</u> , to <u>June 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 29</u> , 19 <u>49</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.   |  | 23a. SIGNATURE (Degree or title) <u>James L. Hope, M.D.</u> 23b. ADDRESS <u>Lebanon, Mo.</u> 23c. DATE SIGNED <u>7/1/49.</u> |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>July 2 1949</u> 24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon Mo.</u>                 |  | DATE REC'D BY LOCAL REG. <u>July 2-1949</u> REGISTRAR'S SIGNATURE <u>Nella L. Day</u>  |  | 42   |  |

JUL 8 1949

Received .....

Laclede County Health Unit

File No. 7-49-88

JUL 9 1949

Date Filed .....

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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 me, or by .....

Student Embalmer No. ....

working under my personal supervision.

Signed .....

*Dorsey M. Howe*

Signed .....

Student Embalmer

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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 this body is not embalmed, fact should be so stated above.