

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34246

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BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 170	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>329 Park</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Laclede</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) <u>Peter</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Agee</u>		Date (Month) (Day) (Year) <u>Oct 20 1949</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>Feb. 16 1894</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR <u>8</u> Months		IF UNDER 4 HRS. <u>4</u> Days		IF UNDER 4 HRS. <u>4</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>James B. Agee</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Vernon</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Reeves</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>27.76 #1</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. P.O. Agee</u>				18. ADDRESS <u>329 Park</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>Oct 20, 1949</u> to <u>Oct 20, 1949</u> , that I last saw the deceased alive on <u>Oct 20, 1949</u> , and that death occurred at <u>7:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. H. Johnson M.D.</u>				23b. ADDRESS <u>203 N. Jefferson Ave. Lebanon, Mo.</u>		23c. DATE SIGNED <u>10-23-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 23 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Atchley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co.</u>	
DATE REC'D BY LOCAL REG. <u>10-25-1949</u>		REGISTRAR'S SIGNATURE <u>Hilda L. Gray</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received OCT 29 1949
Laclede County Health Unit
File No. 1049-156
Date Filed OCT 31 1949
OCT 31 1949

NOV 2 1949

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. 343

working under my personal supervision.

Student Stanley B. Palmer
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

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.