

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40982**
Registrar's No. **5101**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5101			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 2.5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 418 E. 9th St			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. # 21				d. STREET ADDRESS (If rural, give location) 418 E. 9th St					
3. NAME OF DECEASED a. (First) Joseph			b. (Middle) Erskine		c. (Last) Agnew		4. DATE OF DEATH (Month) (Day) (Year) Dec 1 49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 7 1868		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Music Publisher		11. BIRTHPLACE (State or foreign country) Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Samuel Agnew			13b. MOTHER'S MAIDEN NAME A.E. DeMuth			14. NAME OF HUSBAND OR WIFE Gertrude Agnew			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph F. Agnew Kansas City, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH	
		2. ANTECEDENT CAUSES DUE TO (b) Hypertrophy & dilation of heart <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) pulmonary congestion & edema							
		3. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 11-21, 1949 , to 12-1, 1949 , that I last saw the deceased alive on 12-1, 1949 , and that death occurred at 10:55 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Wm. W. Hart (Degree or title)				23b. ADDRESS Med Dir. Gen'l Hospital			23c. DATE SIGNED 12-2-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2 1949		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Creston, Iowa			
DATE REC'D BY LOCAL REG. 12-2-49		REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kansas City, Mo.				

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

D. Johnson

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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Joe Clark*
Licensed Embalmer No. *4316*
P. O. Address *76 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.