

FILED JAN-8-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40254

3520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gabler, Mo. 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnal Hoop</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Reese</u> c. (Last) <u>Agie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-30-1941</u>
9. AGE (In years last birthday) <u>9</u>		10. MONTHS <u>2</u> DAYS <u>22</u> HOURS <u>1</u> MIN. <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Fulton Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>E. Agie Agie</u>		13b. MOTHER'S MAIDEN NAME <u>Lila Mae Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry West</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basal fracture Skull</u> DUE TO (c) <u>—</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9120</u> <u>22</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUGGEST HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gabler</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gabler Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-22-1950 9:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Child ran in front of tractor</u>	

22. I hereby certify that I attended the deceased from 12-22, 1950 to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Wilson M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>12-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gabler</u>	
24d. LOCATION (City, town, or county) (State) <u>Gabler Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Gerron Rndt Co</u>		24f. ADDRESS <u>Stark, Mo</u>	

DATE REC'D BY LOCAL REG. 12-28-50 REGISTRAR'S SIGNATURE Carl H. Hubert

(Licensed Embalmer's Statement on Reverse Side)

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

1951  
MAR 5

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....12-28-50.....

COUNTY FILE NUMBER/250-339

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*John H. German*

Licensed Embalmer No. 4355

P. O. Address. Hayti, 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.