

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 188

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) Many yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		D115			
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 S. 9th Street				d. STREET ADDRESS (If rural, give location) 524 S. 9th Street					
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) Hirsch		c. (Last) Agron		4. DATE OF DEATH (Month) (Day) (Year) January 1, 1951.			
5. SEX Male 0		6. COLOR OR RACE Jewish		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown About 71 yrs.			
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant		10b. KIND OF BUSINESS OR INDUSTRY Butcher		11. BIRTHPLACE (State or foreign country) Russia. 6		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Julius Agron			13b. MOTHER'S MAIDEN NAME Unknown.			14. NAME OF HUSBAND OR WIFE Anna Agron			
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 Jule Agron St. Joseph, Mo.					
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) <i>Arteriosclerosis heart disease myocardial infarction</i>				INTERVAL BETWEEN ONSET AND DEATH 9 7	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <i>(Deaden animal when I saw him.)</i>				4200	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Right irregular & heart lesions.</i>				5+ months.	
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. 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 <i>Death on arrival</i> - to <i>1-1-51</i> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:45P</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Luce W. Job M.D.</i>				23b. ADDRESS <i>902 Edward St. St. Joseph, Mo.</i>		23c. DATE SIGNED <i>1-3-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1)		24b. DATE Jan. 3, 1951.		24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. <i>Jan 5, 1951</i>		REGISTRAR'S SIGNATURE <i>Carl C. Casati</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Statter Meierhoffer</i>		ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.....*****

Signed.....

Robert R. Harrington

Signed.....****
Student Embalmer

Licensed Embalmer No.....3258 Missouri.

P. O. Address.....St. Joseph, Missouri.....

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.