

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4638

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 294

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 419 E. 9 St. - ABERDEEN HOTEL	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) W.	c. (Last) Agey	4. DATE OF DEATH (Month) (Day) (Year) 1 18 51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 21 1855	9. AGE (In years last birthday) 95
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR COAL MINES	10b. KIND OF BUSINESS OR INDUSTRY EASTERN TENNESSEE	11. BIRTHPLACE (State or foreign country) BEAVER PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME CALVIN AGEY	13b. MOTHER'S MAIDEN NAME BEAM	14. NAME OF HUSBAND OR WIFE MRS. MARY ELLEN AGEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. WALLACE AGEY	ADDRESS 1305 VALENTINE ROAD KANSAS CITY, MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure and pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture of spine DUE TO (c) Compression fracture of spine		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri 123
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 12 51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on floor.
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22. I hereby certify that I attended the deceased from Jan. 12, 19 51 to Jan. 18, 19 51, that I last saw the deceased alive on Jan. 18, 19 51, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 1-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN 21 19 51	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-21-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. M. J.

*5-11
-61*

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.

Student
Student Embalmer

Signed *Basil J. Honey*

Licensed Embalmer No. *H 724*

P. O. Address *Highland, Ma*

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.