

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17626

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> <u>0860</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>JAMES OSCAR</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>AGEE</u>			4. DATE OF DEATH <u>MAY 26, 1951</u>
5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> <u>1</u>	8. DATE OF BIRTH <u>JULY 11, 1875</u>
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>10</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING CONSTRUCTION</u>	
11. BIRTHPLACE (State or foreign country) <u>UNIONVILLE, MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES BENJAMIN AGEE</u>		13b. MOTHER'S MAIDEN NAME <u>MELISSA JANE COMSTOCK</u>	
14. NAME OF HUSBAND OR WIFE <u>LILLIE MAY AGEE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MILDRED KENT UNIONVILLE, MISSOURI</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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebitis ulcers</u>			
DUE TO (c)			
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 <u>4222</u>	
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)		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 <u>May 24, 1951</u> , to <u>May 26, 1951</u> , that I last saw the deceased alive on <u>May 26, 1951</u> , and that death occurred at <u>9:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. W. McDonald, D.O.</u> (Deputy or title)		23b. ADDRESS <u>Unionville, Mo.</u>	
23c. DATE SIGNED <u>5-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 28, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-2-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John N. Comstock</u>		ADDRESS <u>CONSTOCK FUNERAL HOME UNIONVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1860
0

Date Received: JUN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1021
Date Filed: JUN 4 1951

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

John N Comstock

Signed.....

Student Embalmer

Licensed Embalmer No. 3891

P. O. Address *Unionville, 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.