

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26752**
Registrar's No. **3713**

FILED SEP 14 1951

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF TOWNSHIP (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 1310 E. 14th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			
3. NAME OF DECEASED a. (First) Herbert		b. (Middle)	
c. (Last) Agee		4. DATE OF DEATH (Month) (Day) (Year) 8-28-51	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-20-05
9. AGE (In years last birthday) 46		10. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Floyd Agee		13b. MOTHER'S MAIDEN NAME Virgie Allen	
14. NAME OF HUSBAND OR WIFE Emma Agee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 472-14-4645	
17. INFORMANT'S SIGNATURE OR NAME Claude Agee		ADDRESS 1310 E. 14th. St.	

18. DATE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) GUN SHOT WOUND THROUGH 6th intercostal space, dome of diaphragm, splenic flexure of transverse colon, superior pole of kidney and lodging in muscle posterior to 3d lumbar vertebra			
		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 lumbar vertebra		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Mo	
21d. TIME OF INJURY 8-20-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot wounds	

22. I hereby certify that I attended the deceased from **8-20**, 19**51**, to **8-28**, 19**51**, that I last saw the deceased alive on **8-28**, 19**51**, and that death occurred at **9:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Thos. S. Jones		23b. ADDRESS 1612 E. 12th St		23c. DATE SIGNED 8/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Delton Cemetery	
24d. LOCATION (City, town, or county) (State) Delton Mo		DATE REC'D BY LOCAL REG. 8-31-51		25. FUNERAL DIRECTOR'S SIGNATURE Heraldine Holmes Green	
REGISTER'S SIGNATURE Heraldine Holmes Green		ADDRESS Delton Mo		25. FUNERAL DIRECTOR'S ADDRESS Delton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

ref.

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 *Raymond Keen*
Licensed Embalmer No. *4220*

P. O. Address *Washburn, 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.