

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18385

State File No.

P. M. Agee
FILED JUN 10 1955.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural - Blue</u>		c. CITY OR TOWN <u>Rural - Blue</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT #1 - Silver Lane</u>			
e. STREET ADDRESS (If rural, give location) <u>RT #1 - Silver Lane</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PRICE</u> b. (Middle) <u>S</u> c. (Last) <u>McCLASE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		8. DATE OF BIRTH <u>MAY 6 1861</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Green up Co. Ky.</u>		9. AGE (In years last birthday) <u>92</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Martain McClase</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA WUZANN</u>		14. NAME OF HUSBAND OR WIFE <u>AMANDA McCLASE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs ANNA MAE VAUGHN</u>	
				ADDRESS <u>INDEP.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		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 9/30, 1953, to May 29, 1953 that I last saw the deceased alive on May 29, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. M. Agee</u> (Degree or title)		23b. ADDRESS <u>Independence Mo 5/30/53</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June -53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery Bolivar</u>	
24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deacon Kefley</u>		ADDRESS <u>Indep Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-1-53</u>		REGISTRAR'S SIGNATURE <u>James [unclear]</u>			

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

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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.....
Signature of Student Embalmer

Signed..... *Jason T. White*

Licensed Embalmer No..... *492*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.