

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1953

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BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3066		Registrar's No. 171	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City Mo.		c. LENGTH OF STAY (in this place) Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Still Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 200 - E - Ashley			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Madden c. (Last) Scholten			4. DATE OF DEATH (Month) (Day) (Year) June 19 - 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 1 - 1980	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 18		IF UNDER 1 MTH. Hours Mts. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Muncie - Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jefferson Madden		13b. MOTHER'S MAIDEN NAME Angeline (unknown)		14. NAME OF HUSBAND OR WIFE Fred R. Scholten			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred R. Scholten, vic. No			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) acute Glomerulonephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (c) Chronic Bronchitis Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days 3 wks 3 yrs 1 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5021				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1 , 19 53 , to June 19 , 19 53 , that I last saw the deceased alive on June 19 , 19 53 , and that death occurred at 12:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. R. Rake, M.D.				23b. ADDRESS 616 S. High A. - Jefferson City, MO		23c. DATE SIGNED June 24 - 53	
24a. BURIAL, CREMATION, EMO. (Specify)		24b. DATE June 21 - 1953		24c. NAME OF CEMETERY OR CREMATORY 17d. Pleasant + Boone County, Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. June 24 - 53		REGISTRAR'S SIGNATURE R. P. Davis, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. C. Mo			

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 _____

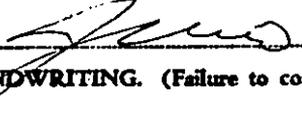
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 364X

P. O. Address  _____

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.