

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28472

State File No. _____

3918

No. 300
10-48

ED AUG 27 1953
BIRTH MO. _____

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Jackson</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7414 Tracy</u>			e. STREET ADDRESS (If rural, give location) <u>7414 Tracy</u>		

3. NAME OF DECEASED (Type or Print) <u>MRS. LILLIAN</u>			a. (First) <u>A.</u>		b. (Middle) _____		c. (Last) <u>AGNEW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 22, 1872</u>		9. AGE (In years last birthday) <u>81</u>		If UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana, Indianapolis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Frank M. Hartman</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Brewer</u>		14. NAME OF HUSBAND OR WIFE <u>James Agnew</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Agnew, 7414 Tracy, Kansas City, Mo.</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ovarian Cystadenocarcinoma</u>						<u>1 yr</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS						<u>175X</u>	
		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"/>	
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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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 7-22-1953, to 8-7-1953, that I last saw the deceased alive on 7-20, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Lyddon Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1027 E 25th St MO</u>		23c. DATE SIGNED <u>8-7-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C.MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. R. Lydston Jr.

75 V Tract

Ni 8428

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 J. A. Walter

Licensed Embalmer No. 278

P. O. Address K. C. 2

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.