

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21834

|   |  |  |   |   |   |   |  |
|---|--|--|---|---|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>356</u>  |   | PRIMARY REG. DIST. NO. <u>6204</u>  |   | Registrar's No. <u>24</u>                     |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Texas</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural-Jackson</u>  |  | c. LENGTH-OF-STAY (in this place)<br><u>60 yrs.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural-Jackson</u>                                      |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |  |   | d. STREET ADDRESS (If rural, give location) <u>1070</u>   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u><br>b. (Middle) <u>Arthur</u><br>c. (Last) <u>Agee</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6-24-1954</u> |   |   |   |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>W</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |   | 8. DATE OF BIRTH<br><u>Apr. 12, 1888</u>      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country)<br><u>Texas County - Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |
| 13a. FATHER'S NAME<br><u>Joseph Agee</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Wells</u>           |   | 14. NAME OF HUSBAND OR WIFE<br><u>Selma Agee-Raymondville</u>             |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)<br><u>Yes World War I</u>  |  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Selma Agee - Raymondville Mo</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardio Respiratory failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic Degeneration</u><br><u>Compensatory heart disease</u><br>DUE TO (c) <u>Spade IV</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio Vasculer Renal disease</u> |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH _____   |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Arteriosclerotic disease marked coronal infarction</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)<br><u>4221</u>  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____  |  | 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>Mar 13, 1949</u> to <u>June 2, 1954</u> that I last saw the deceased alive on <u>June 2, 1954</u> and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above. |  |  |   |   |   |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>S. J. Burns, M.D.</u>  |  |  |   | 23b. ADDRESS<br><u>Houston Mo</u>   |   | 23c. DATE SIGNED<br><u>6/24/54</u>            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>6-27-54</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Allen</u>        |   | 24d. LOCATION (City, town, or county) (State)<br><u>Texas County, Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG.<br><u>6-30-54</u>  |  | REGISTRAR'S SIGNATURE<br><u>Myrtle Craig</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Elliott Funeral Home Houston Mo.</u>   |   |   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

Mo.

JUL 26 1954

JUL 26 1954

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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 .....  
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Me

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.