

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

State File No. **4338**

FILED MAR 12 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4184 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fay's Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0 390</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Marga ret b. (Middle) Isabelle c. (Last) Agee **4. DATE OF DEATH** (Month) (Day) (Year) March 3 1956

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed **8. DATE OF BIRTH** Aug 14 1863 **9. AGE** (In years last birthday) 92 IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) Greenville, Tenn. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME V.S. Hardin **13b. MOTHER'S MAIDEN NAME** Elender Hoyle **14. NAME OF HUSBAND OR WIFE** J. W. Agee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Nelle Hill **ADDRESS** Lamoni Iowa

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>20 yrs +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> 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** 331x **20. AUTOPSY?** YES NO

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)** Albany, Gentry, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1935, to 3-3-, 1956, that I last saw the deceased alive on 3-3-, 1956, and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Rose, M.D. **23b. ADDRESS** Albany, Mo. **23c. DATE SIGNED** 3-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial **24b. DATE** Mar 5 1956 **24c. NAME OF CEMETERY OR CREMATORY** Grandview **24d. LOCATION** (City, town, or county) (State) Albany, Missouri

DATE REC'D BY LOCAL REG. Mar 5-56 **REGISTRAR'S SIGNATURE** Maudie Williams **462** **25. FUNERAL DIRECTOR'S SIGNATURE** Brooks Funeral Home **ADDRESS** Albany, Mo.

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Coehel.....

Licensed Embalmer No...4868...

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