

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27328**

FILED SEP 12 1956

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>389</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>7-years</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is 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 (If not in hospital or institution, give street address or location) <u>3030 Wall Street</u>				STREET ADDRESS (If rural, give location) <u>3030 Wall Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Agan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-17-1904</u>	
9. AGE (In years last birthday) <u>52</u>		10. AGE (In years last birthday) <u>52</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Logan, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Auto</u>					
13a. FATHER'S NAME <u>Walter A. Agan</u>		13b. MOTHER'S MAIDEN NAME <u>Oliver Logan</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Agan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-09-1451</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lela Agan, 3030 Wall, Joplin, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis (acute)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>6 yrs</u>	
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) <u>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>2125 Jackson, Joplin, Mo</u>		23c. DATE SIGNED <u>8/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marionville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-29-56</u>		REGISTRAR'S SIGNATURE <u>Nooe Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shonkell-Hellon</u>		ADDRESS <u>Joplin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1959

County Health Office
County File Number 56-9-10
Date Filed SEP 10 1956
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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 *David Dillon*

Licensed Embalmer No. 389

P. O. Address *Joseph M.*

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.