

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

State File No. **30318**

FILED SEP 24 1956

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 197	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give town) WASHINGTON		c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY OR TOWN PACIFIC		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) SO. 3RD ST.			
3. NAME OF DECEASED (Type or Print) a. (First) AGNES			b. (Middle) _____		c. (Last) HIRTH		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17-1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 13, 1895	9. AGE (In years) (Last birthday) 60		if UNDER 1 YEAR: Months _____ Days _____
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) ALLENTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM MCGRAW			13b. MOTHER'S MAIDEN NAME KATHERINE BAILEY		14. NAME OF HUSBAND OR WIFE FRED HIRTH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 493-38-2389 Yes-Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE MURPHY - Pacific, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arterio-sclerotic C-V-R disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 3 days 19 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				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)			
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 5 Mar , 1955, to 17 Sept , 1956, that I last saw the deceased alive on 17 Sept 56 , 19____, and that death occurred at 9 P. , m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Raymond J. Borgio, MD			23b. ADDRESS Washington, Mo			23c. DATE SIGNED 19 Sept 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 20 1956		24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		24d. LOCATION (City, town, or county) (State) Pacific, Mo	
DATE REC'D BY LOCAL REG. 9/20/56		REGISTRAR'S SIGNATURE J. J. Ludmann		FUNERAL DIRECTOR'S SIGNATURE Geo. L. Shuler		ADDRESS Pacific, Mo	

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

99-0

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 *Geo. L. Thibet*.....

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 7*

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.

3-10-10