

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

34597

State File No. _____

No. 300
10-48

2532

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 163

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>Laclede</u>	b. CITY OR TOWN <u>Lebanon</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Laclede</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>160 Crestline</u>		c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS <u>160 Crestline</u>	(If rural, give location) <u>05200</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliza</u>	b. (Middle)	c. (Last) <u>Agan</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept. 30, 1956</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 6, 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oglestey, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Mayers</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Agan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Rogers, Lebanon, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypertensive Heart + Arteriosclerosis</u>		<u>years</u>
	ANTECEDENT CAUSES <u>Cerebro-vascular accident</u>		
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>Diabetes mellitus</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>acute cardiac bronchitis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>443x</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-17, 1954 to 9-30, 1956, that I last saw the deceased alive on 9-30, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Summers</u> (Degree or title)	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>10-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>10-6-1956</u>	REGISTRAR'S SIGNATURE <u>Hella L. Way</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>	ADDRESS <u>Lebanon, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

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

2 of 0

Received 10-15-56
Laclede County Health Unit
File No. 163
Date Filed 10-15-56

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 S. R. Palmer.....

Licensed Embalmer No. 220.....

P. O. Address Ltunon.....

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.