

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3832

State File No. ....

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>42</u>   |  | PRIMARY REG. DIST. NO. <u>5124</u>   |  | Registrar's No. <u>210</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Bloomington</u>  |  |  |  | c. CITY OR TOWN <u>DeKalb</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural, DeKalb</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>Rural</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)  |  | a. (First) <u>FLARDELLA</u>  |  | b. (Middle) ....   |  | c. (Last) <u>AGEE</u>   |  |
| 5. SEX <u>female</u>   |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>  |  | 8. DATE OF BIRTH <u>Sept 14, 1882</u>   |  |
| 9. AGE (In years last birthday) <u>74</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>T. S. Agee</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Gertrude Whiskerson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>none</u>  |  |   |  |
| 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 ADDRESS <u>Charles Agee, DeKalb, 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>cerebral hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) ....<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u><br><br><u>not sure</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) <u>2</u> (STATE) <u>2</u>  |  | 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?   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>1955</u> , to <u>Feb 22, 1957</u> , that I last saw the deceased alive on <u>Feb 18, 1957</u> , and that death occurred at <u>1:50 A. M.</u> , from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Collis P. Rounley M.D.</u>   |  | 23b. ADDRESS <u>Kirkpatrick Bldg., City</u>  |  | 23c. DATE SIGNED <u>2.25.57</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |  | 24b. DATE <u>Feb 24, 1957</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>DeKalb, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>Mar. 4, 1957</u>   |  | REGISTRAR'S SIGNATURE <u>Thomas M. Allison</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John E. Rupp, St. Joseph, Missouri</u>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0110

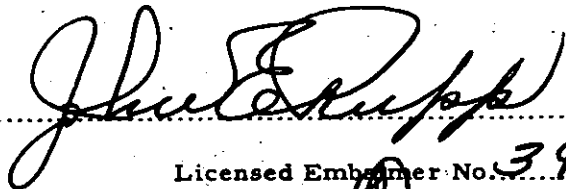
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STATEMENT BY LICENSED EMBALMER

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 .....



Licensed Embalmer No. 3986

P. O. Address .....

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.