

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14281

FILED APR 24 1957

STATE FILE NUMBER

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

92

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

0883
300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Moberly</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <i>Moberly</i> 0883 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <i>McCormick Hosp 3 days</i>				d. STREET ADDRESS (If outside, give location) Reside on Form <i>318 Johnson</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>OMAR D. AGEE</i>				4. DATE OF DEATH Month Day Year <i>April-16-1957</i>			
5. SEX <i>Male</i> 0		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb-17-1888</i> 69	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>car shop Labor (Retired)</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Wabash RR</i>			
11. BIRTHPLACE (City and state or country) <i>Kentucky</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>John Agree</i>				14. MOTHER'S MAIDEN NAME <i>Molly (unknown)</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>260X</i>			
17. INFORMANT Address <i>Mrs Lillie Agree Moberly Mo.</i>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Diabetic melitis</i> DUE TO (c) <i>Unknown</i> PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY STATE			
21. I attended the deceased from <i>April 13, 1957</i> to <i>April 16, 1957</i> and last saw her <i>him</i> alive on <i>April 16, 1957</i> Death occurred at <i>6:10 P.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dean S. Jolly D.O.</i>				22b. ADDRESS <i>203 1/2 N Clark Moberly Mo.</i>			
22c. DATE SIGNED <i>Apr 18 1957</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>April 14-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Cater Funeral Home Moberly Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>4-18-57</i>			
26. REGISTRAR'S SIGNATURE <i>Leah W. Lowe</i>							

(Licensed Embalmer's Statement on Reverse Side)

269

MAY 23 1957

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.....

Jerry R. Carter

Licensed Embalmer No. *4906*

P. O. Address *Moberly, 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.