

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018003
STATE FILE NUMBER
2549

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2549

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1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CITY OR TOWN <i>Kansas City, #</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2214 E Gregory</i>		Length of stay in lb. <i>40 yrs.</i>	d. STREET (If outside, give location) ADDRESS <i>2214 E Gregory Blvd.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Gus</i> Middle Last <i>Agron</i>			4. DATE OF DEATH Month <i>May</i> Day <i>19</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-18-1910</i>	9. AGE (In years birth day) <i>48</i>	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) <i>Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Overall Rental</i>	11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Louis Agron</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Ann Agron</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>487-05-6346</i>	17. INFORMANT <i>Ann Agron, 2214 E. Gregory</i> Address
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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>Death by Hanging</i>		INTERVAL BETWEEN ONSET AND DEATH <i>944</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Hung by himself in Garage</i>
20c. TIME OF INJURY Hour a.m. p.m. <i>5:19-58</i>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i>	STATE <i>MO</i>
21. I attended the deceased from _____ to _____ and last saw her/him _____ on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>	22b. ADDRESS <i>1034 Oakwood Bldg</i>	22c. DATE SIGNED <i>5-20-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-20-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>

24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home, K.C., Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-20-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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 *Henry Buffington*

Licensed Embalmer No. *2756*

P. O. Address *N.C. 7110*

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.