

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021778

STATE FILE NUMBER

2736

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2736

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		STREET ADDRESS (If outside, give location) 1527 SPRUCE	
Length of stay in lb 40 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HUGH Middle JEREMIAH Last AGEE			4. DATE OF DEATH Month May Day 29 Year 1958	
--	--	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1893	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	11. UNDER 24 HRS. Hours 1 Min. 1
-----------------------	----------------------------------	---	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY misc. self employed	11. BIRTHPLACE (City and state or country) Brush Creek, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME Joseph Agee	13b. MOTHER'S MAIDEN NAME Nattie Prowell	14. NAME OF HUSBAND OR WIFE Artie
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 492-18-7281	17. INFORMANT Mrs Artie Agee 1527 Spruce	Address SPRUCE
--	---	--	-----------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 May 27, 1958 to May 29, 1958 Death occurred at 7:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE John W. Schmaus, M.D. (Degree or title)	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 5-29-58
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-31-58	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Sheil Funeral Home K.C. MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-30-58	26. REGISTRAR'S SIGNATURE Reva Marshall
---	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
-57 0

KP
4

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 _____

Signed _____

Signature of Student Embalmer _____

Licensed Embalmer No. _____

P. O. Address _____

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 _____ Signed *Richard E. Carroll*

Signature of Student Embalmer _____

Licensed Embalmer No. *4829*

P. O. Address *KCSA*

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.