

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014085

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 200 Primary Registration District No. Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walnut Township</u>		c. CITY OR TOWN <u>Elmer Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>East of Elmer</u>	
3. NAME OF DECEASED (Type or print) First <u>Glenn</u> Middle <u>Darrell</u> Last <u>Agee</u>		4. DATE OF DEATH Month <u>May</u> Day <u>3</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 13 1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home in School</u>		11. BIRTHPLACE (City and state or country) <u>Elmer Missouri</u>	
13a. FATHER'S NAME <u>Alton Agee</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Alton Agee Elmer</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u>
20a. ACCIDENT <input checked="" 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 <u>8:30 p.m.</u> <u>5/3/59</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>Highway 1, Macon</u>		20f. CITY, TOWN, OR LOCATION <u>Elmer</u> COUNTY <u>Macon</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ Death occurred at <u>8:40 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <u>Lester Hutton</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Macon Mo.</u>	
22c. DATE SIGNED <u>5/8/59</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>	
23b. DATE <u>May 5 1959</u>		23c. LOCATION (City, town, or county) <u>Elmer Macon County Mo</u>	
24. FUNERAL DIRECTOR <u>W H McCallum</u>		25. DATE RECD. BY LOCAL REG. <u>5/9/59</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>			

(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

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 *H. H. W. & Callum?*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.