

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Wakeman

FILED VS NOV 2 1959

59-035772

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1161

ENDED

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 40 YRS.		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1612 W. CHESTNUT		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First CORA Middle AGEE Last AGEE				4. DATE OF DEATH Month OCT. Day 28 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 6/14/88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. JAMES MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ED. JENKINS			13b. MOTHER'S MAIDEN NAME M. DAVENPORT		14. NAME OF HUSBAND OR WIFE JAMES AGEE (DEC.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NO		17. INFORMANT Address MRS. INEZ FREEMAN, SPRINGFIELD, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Diabetes Mellitus							INTERVAL BETWEEN ONSET AND DEATH hours 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus					PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 1958 to 10-28-59 and last saw her alive on Oct 8, 1959 Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Newton Wakeman MD (Degree or title)				22b. ADDRESS Springfield Mo		22c. DATE SIGNED 10-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/2/59	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		(State)	
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 10-29-59		26. REGISTRAR'S SIGNATURE Effie S. Mee	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 AL McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.