

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB

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INDEXED

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desoto		Length of stay in 1b YRS.		c. CITY OR TOWN Desoto		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1023 Kennett		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1023 Kennett		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First LACY Middle AGINS Last AGINS				4. DATE OF DEATH Month January Day 28 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11/8/1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 2 Days 30 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Mo.-Pac. R.R.		11. BIRTHPLACE (City and state or country) Blows Island, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jack Agins		13b. MOTHER'S MAIDEN NAME Maria ?		14. NAME OF HUSBAND OR WIFE Fannie Agins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Fannie Agins, 1023 Kennett, Desoto			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Prostate & Lung Metastases 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) _____ PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH	
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles L. Bates M.D.			22b. ADDRESS Port Service Barnes Hosp.			22c. DATE SIGNED 2/2/60	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/3/60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR Charles J. Gates		ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. Feb. 3-1960		26. REGISTRAR'S SIGNATURE Marie Harris	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

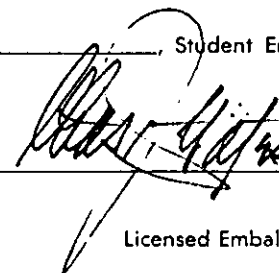
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4590 / 8

P. O. Address 4107 Finney A

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.