URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-007523
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 76

RENDED

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 413 West 4th St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PETTIS
c. CITY OR TOWN SEDALIA
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 413 West 4th St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GIILA Middle Last AGEE

4. DATE OF DEATH Month Day Year February 17, 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3/7/1875

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Milton Lowrey

13b. MOTHER'S MAIDEN NAME Monena

14. NAME OF HUSBAND OR WIFE Walter D. Agee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. M. B. Martin Address 417 W. 4th Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malnutrition
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Also chronic myocardial disease & chronic kidney infection

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 Feb. 8, 1959, to Feb. 17, 1960 and last saw her/him alive on Feb. 17, 1960
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Karl B Bonar MD

22b. ADDRESS 101½ S. Ohio Sedalia, Mo.

22c. DATE SIGNED 2/19/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/19/1960

23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR Duane Ewing ADDRESS Sedalia, Mo.

25. DATE RECD. BY LOCAL REG. 2-20-1960

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.