JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS SEP 12 1960

NDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 118

-60-031224
STATE FILE NUMBER

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bedford
Length of stay in 1b: 7 wks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lincoln County Memorial Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Troy
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1080 West Cherry
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: AGNES Middle: Last: CLAGGETT
4. DATE OF DEATH: Month Day Year: Sept. 5, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 7, 1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 11 Days 28
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: Housework
11. BIRTHPLACE (City and state or country): Troy Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Wing
13b. MOTHER'S MAIDEN NAME: Barbara Stanek
14. NAME OF HUSBAND OR WIFE: Arthur Claggett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Clarence Claggett Address: Elsberry 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): MESENTERIC THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS — UNK.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURE RT HIP
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 ☐ ☒ NOT PRIMARY ILLNESS
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL AT HOME
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 Sept. 5, 1960 and last saw her/him alive on _____
Death occurred at 2.40P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Louis P Hellage (Degree or title) MD
22b. ADDRESS: Troy, Mo.
22c. DATE SIGNED: 9/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
23d. LOCATION (City, town, or county) (State): Troy MO.

24. FUNERAL DIRECTOR: D W McCoy ADDRESS: Troy Mo
25. DATE RECD. BY LOCAL REG.: 9-8-1960
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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 D. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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