

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031482

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 443

FILED SEP 14 1962

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin, Missouri</b>		c. CITY OR TOWN <b>Joplin, Missouri</b>	
Length of stay in lb <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2423 Main Street</b>	
3. NAME OF DECEASED (Type or print) First <b>JESS</b> Middle <b>AGGUS</b> Last <b>AGGUS</b>		4. DATE OF DEATH Month <b>September</b> Day <b>8</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-3-1883</b>
9. AGE (last birthday) <b>78</b>		10. IF UNDER 1 YEAR Months <b>78</b> Days <b>78</b>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired- Distribution</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Empire Dist. Elec. Co.</b>	
12a. BIRTHPLACE (City and state or country) <b>Joplin, Missouri</b>		12b. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Erwin Aggus</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie Nunn</b>	
14. NAME OF HUSBAND OR WIFE <b>Lora P. Aggus</b>		15. DATE OF MARRIAGE <b>8-25-1961</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk</b>	
17. INFORMANT <b>Dau-</b>		18. ADDRESS <b>Mrs. James S. Bryson - 2423 Main St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Acute Cholelithiasis</b> DUE TO (c) <b>None</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>16 hours</b> <b>3 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) <b>None</b>	
20c. TIME OF INJURY Hour <b>None</b> Month, Day, Year <b>None</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		20f. CITY, TOWN, OR LOCATION <b>Joplin, Missouri</b>	
21. I attended the deceased from <b>1956</b> to <b>Sept. 1962</b> and last saw her/him alive on <b>9-8-62</b>		22. SIGNATURE (Degree or title) <b>J. S. Stephens M.D.</b>	
22a. ADDRESS <b>211 W. 20th</b>		22c. DATE SIGNED <b>9-8-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-11-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park,</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY-JOPLIN, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>9-11-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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**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 Robert A. York  
Licensed Embalmer No. 5193

P. O. Address Joplin, 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.