

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 25 1960

-60-015110

149 Primary Registration District No. 1002 Registrar's No. 1887 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 weeks		c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 106 W. Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Dora Middle Ethel Last Agee				4. DATE OF DEATH Month 4 Day 3 Year 60					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 29, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 24 HR Hours 60 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY Her Self		11. BIRTHPLACE (City and state or country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Jacob Ritchie			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James W. Agee			
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. None		17. INFORMANT James W. Agee			Address Windsor, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM							INTERVAL BETWEEN ONSET AND DEATH ?		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LIVER METASTASIS ETC. FROM									
DUE TO (c) ADENOCARCINOMA OF RECTUM							2 1/2 to 3 mos.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD MYOCARDIAL INFARCTION					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)							
20c. TIME OF INJURY Hour 10:15 a.m. p.m. Month, Day, Year 3-15-60 to 4-3-60		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.)		20f. CITY, TOWN, OR LOCATION Windsor, Missouri.		STATE	
21. I attended the deceased from 3-15-60 to 4-3-60 and last saw her alive on 4-2-60 Death occurred at 10:15 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Sanford Simon, M.D. (Degree or title)				22b. ADDRESS 701 E. 63rd, K.C. Mo.			22c. DATE SIGNED 4-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) Windsor, Missouri.			(State)	
24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS 1331 Brush Creek K. C. Missouri.				25. DATE RECD. BY LOCAL REG. 4-4-60		26. REGISTRAR'S SIGNATURE Neval Mitchell			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten mark

STATEMENT BY LICENSED EMBALMER

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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 Chester K Brown

Licensed Embalmer No. 493

P. O. Address KC Mo

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