

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0035089

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 230

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1967

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Leesville</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>Clinton R.R. 3 Leesville Township</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton R.R. 3 Leesville Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. 3 Clinton</u>
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Lewis</u> Last <u>Agnew</u>		4. DATE OF DEATH Month <u>September</u> Day <u>20th</u> Year <u>1967</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/9/1895</u>
9. AGE (last b th day) <u>71</u>		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) <u>Retired Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Employee</u>		11. BIRTHPLACE (City and state or country) <u>Creighton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Agnew</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Agnew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>720-09-3681</u> <u>RR. 457545</u>		17. INFORMANT Address <u>Grace Agnew RR. 3, Clinton.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u>		<u>minutes</u>
DUE TO (b) <u>Acute Coronary Artery Occlusion</u>		<u>minutes</u>
DUE TO (c) <u>Coronary Artery Disease</u>		<u>years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Rheumatoid Arthritis</u>		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	
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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 _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY STATE	

21. I attended the deceased from April - 1967 to Sept - 1967 and last saw ^{her}him alive on 9-20-67
Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. L. Glassy, D.O.</u> (Degree or title)	22b. ADDRESS <u>Clinton Mo.</u>	22c. DATE SIGNED <u>9/21/67</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 22 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stanley, Kansas</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels</u> ADDRESS <u>Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 22, 1967</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	1	1	1	1	1	1	1	1	1
ITEM NO.	SHOULD READ	INSTEAD OF	DOCUMENT	AFFIDAVIT OF	BY	DATE	REASON	INITIALS	SIGNATURE

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 R. E. Nichols.

Licensed Embalmer No. 4897

P. O. Address Clinton, 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.

Permit Obtained 5-21-67 (M)