

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40483

State File No.

FILED JAN 13 1949

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 290

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (In this place) <u>1913</u>		d. STREET ADDRESS (If rural, give location) <u>1233 S. Garrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1233 S. Garrison</u>		d. STREET ADDRESS (If rural, give location) <u>1233 S. Garrison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Royal</u> b. (Middle) <u>Walter</u> c. (Last) <u>Agnew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1948</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Whiet</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 17, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. taxi driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Taxicab</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Dora Maloney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Givens</u> ADDRESS <u>1233 Garrison</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. <u>R30</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had severe Pts. 40. All healed</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>for a mo but still toxic as a result of above burn</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1948, to 12-23, 1948, that I last saw the deceased alive on 12-19, 1948, and that death occurred at 2:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell Smith M.D.</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>12-24-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-27-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fasken</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12-24-48</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. C. Ulmer</u> ADDRESS <u>Carthage, Missouri.</u>
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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.

Signed.....

John S. Hennehy

Signed.....

Student Embalmer

Licensed Embalmer No. *4194*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.