

No. 300
10. 48

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26266

State File No.

BIRTH MO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>CARROLL CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>CARROLLTON</u>		c. CITY OR TOWN <u>RURAL. MO. TWP.</u>	
c. LENGTH OF STAY (In this place) <u>2-DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>RED. #1-S. E. OF DALTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BALES-HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>AGEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST-9-1950</u>
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>APRIL-20-1917</u>
9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>33</u> <u>3</u> <u>20</u>		11. BIRTHPLACE (State or foreign country) <u>MOBERLY-MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>EDD. PETTIGREW</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH. BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>RICHARD-AGEE</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>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RICHARD-AGEE-DALTON-MO.</u>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREGNANCY AT TERM</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>AUGUST</u> , 19 <u>47</u> , to <u>AUGUST 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 9</u> , 19 <u>50</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Stuart, M.D.</u> (Degree or title)		23b. ADDRESS <u>Brunswick, Mo</u>	
23c. DATE SIGNED <u>8/9/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-12-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DALTON</u>	
DATE REC'D BY LOCAL REG. <u>8/12/50</u>		REGISTRAR'S SIGNATURE <u>Miss Herbert Calvert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss & Sonnet</u>		ADDRESS <u>Kennett Mo.</u>	

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



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 _____

H. D. Sawitt

Signed _____

Student Embalmer

Licensed Embalmer No. 3046

P. O. Address _____

Key Travels Me

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.