

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7365

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 381

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 27 years		d. STREET ADDRESS (If rural, give location) 1002 S. 33rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1002 S. 33rd St.		d. STREET ADDRESS 1002 S. 33rd St.	

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3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) M. c. (Last) Agee			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH February 3, 1870		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Rushville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Edwards		13b. MOTHER'S MAIDEN NAME Melvina Cox	
13c. FATHER'S NAME Henry Edwards		13d. MOTHER'S MAIDEN NAME Melvina Cox		14. NAME OF HUSBAND OR WIFE Owen W. Agee	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hugh H. Agee, 1313 S. 25th, St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS, GENERALIZED			INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
		ANTECEDENT CAUSES CARCINOMA, LIVER, TYPE UNKNOWN			6 MONTHS
		DUE TO (b) CARCINOMA, LIVER, TYPE UNKNOWN			
		DUE TO (c) PRIMARY SOURCE UNKNOWN			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> NONE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		
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? NONE		

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22. I hereby certify that I attended the deceased from JULY 3, 1948, to APRIL 8, 1952, that I last saw the deceased alive on APRIL 7, 1952, and that death occurred at 5:05 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Gorkman M.D.		23b. ADDRESS 706 FRANCIS ST., ST. JOSEPH, MO.		23c. DATE SIGNED 4-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
				24d. LOCATION (City, town, or county) (State) Troy Kansas	

DATE REC'D BY LOCAL REG. April 11, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home	
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St. Joseph, Mo.

APR 22 1921

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
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4538*

P. O. Address *319 5th St. Jackson, 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 this body is not embalmed, fact should be so stated above.