

FILED APR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9534

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6037 Registrar's No. 267

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| 1. PLACE OF DEATH a. COUNTY <u>Ripley-Union Twp.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Daniphan R. 6</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Daniphan</u> | |
| c. LENGTH OF STAY (in this place) <u>54 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt # 6</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Kayton</u> c. (Last) <u>Agin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1952</u> | | |
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|--------------------|-------------------------------|---|------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 1 1894</u> | 9. AGE (in years last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u>13</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Maryland Ky.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
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|-------------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Geo. Agin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty Kayton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lou Ann Agin</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ruby Agin (daur)</u> ADDRESS _____ | |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>multiple sclerosis</u> | | | | | |

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| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>H 201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | |
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|---|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |
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22. I hereby certify that I attended the deceased from 1946, 1948, 1952, that I last saw the deceased alive on Jan 6, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. E. Johnson M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Daniphan</u> | | 23c. DATE SIGNED <u>3-31-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u> | | 24b. DATE <u>3-15-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Plunk</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pander, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>3-31-52</u> | | REGISTRAR'S SIGNATURE <u>E. O. Johnston</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. McNabb</u> ADDRESS <u>Pocahontas Rf.</u> | |
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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.

Student
Student Embalmer

Signed

H. G. McNabb

Licensed Embalmer No. *610*

P. O. Address

Beaumont, Ark.

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.