

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*John H. H.*  
32625  
State File No. ....

REC'D OCT 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 321

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

1. PLACE OF DEATH a. COUNTY <u>Ripley</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) <u>DONIPHAN RFD#6</u>	c. LENGTH OF STAY (in this place) <u>16 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN RFD#6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0910</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilford</u>	b. (Middle)	c. (Last) <u>AGIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 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>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April 1, 1936</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>	IF UNDER 4 HRS. Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ripley Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>E. R. AGIN</u>	13b. MOTHER'S MAIDEN NAME <u>VERNA GRIFFIN</u>	14. NAME OF HUSBAND OR WIFE <u>Not known</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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. R. AGIN, Doniphan, Mo. RFD#1</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Exhaustion</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>E9310</u> <u>22</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>091</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) (m.)	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 July 9, 1952 to July 10, 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford H. York MD</u>	(Degree or title)	23b. ADDRESS <u>Doniphan Mo 9-26-52</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plunk Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan, RFD#6, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-37-52</u>	REGISTRAR'S SIGNATURE <u>CR Johnston 277</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. G. Mcnabb, Pocolautas, Ark.</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.

Student .....  
Student Embalmer

Signed H. S. McNabb.....

Licensed Embalmer No. 610.....

P. O. Address Pocahontas, 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.