

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH25360
State File No. 111-1111
Registrar's No. 345

FILED AUG 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>345</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper Co.</u>				2. USUAL RESIDENCE (Where deceased lived, if institutional, residency before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Joplin, Mo.</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY OR TOWN <u>Alba Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Miles</u>		b. (Middle) <u>Perry</u>		c. (Last) <u>Agee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 31, 1903</u>	
9. AGE (in years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bakerfields, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Everitt Agee</u>			13b. MOTHER'S MAIDEN NAME <u>Mary A. Fowler</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Cleo Agee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Cleo Agee</u> ADDRESS <u>Alba 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock & trauma</u>					<u>6 hrs</u>
		DUE TO (c) <u>accident</u>					<u>6 hrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>aplastic anemia</u>					<u>3 yrs</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H668</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Alba Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-22-1953 8:24</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell from rear of truck.</u>			
22. I hereby certify that I attended the deceased from <u>7-1-1953</u> , to <u>7-22-1953</u> , that I last saw the deceased alive on <u>7-14-1953</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.K. Saylor M.D.</u>				23b. ADDRESS <u>726 River Bldg.</u>		23c. DATE SIGNED <u>7/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purcell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-27-53</u>		REGISTRAR'S SIGNATURE <u>R.D. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simpson</u> ADDRESS <u>Mortuary</u>			

(Licensed Embalmer's Statement on Reverse Side) Webb City, Mo

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

RECEIVED AUG 3 1953

Jasper County Health Office

County File Number 53-8-631

Date Filed ~~AUG 3 1953~~

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harvey E. Armes

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.