

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28299

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Miller
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) ABRAHAM
b. (Middle) HARDESTY
c. (Last) AGNEW
4. DATE OF DEATH (Month) (Day) (Year) July 27, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 28, 1873
9. AGE (In years last birthday) 80
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) Ret. Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tuscumbia, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Issach Agnew
13b. MOTHER'S MAIDEN NAME Margaret Gibeauet
14. NAME OF HUSBAND OR WIFE Amanda Agnew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Agnew Washington 86

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Chr. myocarditis.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 491X
20. AUTOPSY? YES NO

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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1954, to July 27, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Oshester M.D.
(Degree or title)
23b. ADDRESS Eldon Mo
23c. DATE SIGNED July 29

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 19-54
24c. NAME OF CEMETERY OR CREMATORY Tuscumbia
24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.

DATE REC'D BY LOCAL REG. July 29, 1954
REGISTRAR'S SIGNATURE Calderetta Waltz
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis A. Phillips Eldon
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 17 1954

DEPARTMENT OF HEALTH

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

Louis P. Phillips

Licensed Embalmer No. 3663

P. O. Address Walden

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.