

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42053

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6032</u>		Registrar's No. <u>491</u>			
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 town) <u>Doniphan</u>		c. LENGTH OF STAY (In this place) <u>57 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		<u>0910</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 6</u>				d. STREET ADDRESS (If rural, give location) <u>Route 6</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Agin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 9, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-9-1876</u>		9. AGE (In years last birthday) <u>78</u> if UNDER 1 YEAR Months <u>9</u> Days <u>0</u> if UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ed Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Nam Michiel</u>		14. NAME OF HUSBAND OR WIFE <u>George L. Agin (Dec.)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Agin Doniphan Mo. Route 6</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 1951</u> to <u>9 Dec 1954</u> , that I last saw the deceased alive on <u>8 Dec 1954</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. B. Anderson MD</u>				23b. ADDRESS <u>321 Oak Poplar Bluff Mo. N. 10. S.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plunk</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan Missouri Route 6</u>			
DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>W. B. Anderson</u> <u>277-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McNabb Funeral Home Pocahontas, Ark.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....

Jerry C. Craven
.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Jerry C. Craven*
.....

Licensed Embalmer No. *Ark 992*
.....

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.