

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8068**

FILED APR 4 1955

1130

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		STREET ADDRESS (If rural, give location) 625 E. 12	

3. NAME OF DECEASED (Type or Print) a. (First) Jess	b. (Middle)	c. (Last) Agee	4. DATE OF DEATH (Month) (Day) (Year) 3 13 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-5-1901	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Second Hand Goods Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lee Agee	13b. MOTHER'S MAIDEN NAME Belle Benson	14. NAME OF HUSBAND OR WIFE Lucia Agee
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lucia Agee	ADDRESS 625 E 12
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute liver failure		INTERVAL BETWEEN ONSET AND DEATH 58 1/2
	ANTECEDENT CAUSES DUE TO (b) Cirrhosis of liver Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Chronic alcoholism		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 March 11 1955, to March 13 1955, that I last saw the deceased alive on March 13 1955, and that death occurred at 12:03A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) MD	23b. ADDRESS 21th & Cherry	23c. DATE SIGNED 3-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-15-55	24c. NAME OF CEMETERY OR CREMATORY Not Colborn	24d. LOCATION (City, town, or county) (State) KC Mo
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DATE REC'D BY LOCAL REG. 3-14-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Deane B. [Signature]	ADDRESS Mo.
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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.....
Signature of Student Embalmer

Signed.....
Deane B. Leggett

Licensed Embalmer No. *117*

P. O. Address *1627*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.