

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025975

FILED JUL 16 1959

Registration District No. 2-2 Primary Registration District No. 6779 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Miller</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Etterville (Franklin)</b>		Length of stay in lb		c. CITY OR TOWN <b>Etterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Harlan</b> Middle <b>Sanford</b> Last <b>Agee</b>				4. DATE OF DEATH <b>July 7, 1959</b> Month <b>July</b> Day <b>7</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>11-5-1883</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>John Agee</b>			13b. MOTHER'S MAIDEN NAME <b>Malinda Sullens</b>			14. NAME OF HUSBAND OR WIFE <b>Della Decker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>Unavailable</b>		17. INFORMANT <b>Arthur Agee Houston, Texas</b> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE BRAIN INJURY</b>							INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>SELF-INFLICTED GUNSHOT - 22 RIFLE</b>									
DUE TO (c) <b>RIGHT TEMPORAL REGION</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Eldon</b>		COUNTY <b>Miller</b>		STATE <b>MO.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Herman V. Abelt, Sheriff</b> (In care of (fill in))				22b. ADDRESS <b>Luscomb, Mo.</b>				22c. DATE SIGNED <b>7-7-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-10-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Spring Garden</b>		23d. LOCATION (City, town, or county) <b>Eugene, Mo.</b> (State)				
24. FUNERAL DIRECTOR <b>Louis D. Phillips</b> ADDRESS <b>Eldon</b>				25. DATE RECD. BY LOCAL REG. <b>July 10, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Edw. Veretta Waltz</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Louis D. Philby*

Licensed Embalmer No. 3663

P. O. Address Edna

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.