

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014606

FILED VS APR 26 1960

77 Primary Registration District No. 3016 Registrar's No. 151

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY	Length of stay in lb 8 DAYS.	c. CITY OR TOWN IBERIA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First OLIVER Middle DELBERT Last AGEE.			4. DATE OF DEATH Month APRIL Day 17 Year 1960			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 15, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER, EMERCHANT Teaching	10b. KIND OF BUSINESS OR INDUSTRY MILLER CO. Mo.	11. BIRTHPLACE (City and state or country) UNITED STATES.	12. CITIZEN OF WHAT COUNTRY UNITED STATES.
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13a. FATHER'S NAME John AGEE	13b. MOTHER'S MAIDEN NAME MALINDA SULLENS	14. NAME OF HUSBAND OR WIFE EVALINE PERKINS.
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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. 498-01-6771	17. INFORMANT Mrs. EVALINE AGEE	Address Iberia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 10 days 3 yrs.
IMMEDIATE CAUSE (a) Cerebral thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 IBERIA, MISSOURI	COUNTY _____ STATE _____
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21. I attended the deceased from 4-9-60 to 4-17-60 and last saw him/her alive on 4-16-60 Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Earl L. Boyd M.D.	22b. ADDRESS Jeff. City	22c. DATE SIGNED 4/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/20/60	23c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	23d. LOCATION (City, town, or county) Iberia, Missouri
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24. FUNERAL DIRECTOR Hedges Funeral Home	ADDRESS Iberia, Mo.	25. DATE RECD. BY LOCAL REG. 20 April 1960	26. REGISTRAR'S SIGNATURE R.P. Norris, Mo. Richter, Sep.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 26 1960

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

Walter D. Berger

Licensed Embalmer No. 4265

P. O. Address Berlin

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.