

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 500

DO NOT WRITE ON THIS STUB

9. 1
 10a. 70
 10b. 90
 11. 1
 12. 1
 13. 398X
 14. 4
 15. 4
 16. 0
 17. 0
 18. 0
 19. CREDITS
 20. 1-0

VS 300
 Rev. 1/70

4. 0940

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>MAUDE LOVENE AGNEW.</u>		2. <u>FEMALE</u>	3. <u>DECEMBER 15, 1969</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. <u>WHITE.</u>	5a. <u>70</u>	5b.	5c.
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH
7b. <u>ESTHER</u>		7d. <u>AT RESIDENCE.</u>	7a. <u>ST. FRANCOIS CO.</u>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>ILLINOIS</u>		9. <u>U.S.A.</u>	11. <u>LINZY AGNEW</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. <u>498-10-3193B</u>		13a. <u>HOUSEWIFE.</u>	13b. <u>HOUSEWIFE</u>
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. <u>MO.</u>	14b. <u>ST. FRANCOIS</u>	14c. <u>ESTHER MO.</u>	14d. <u>606 JEFFERSON ST.</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>ANDREW HILTON</u>		16. <u>PHILLIPS EMMA J. HILTON.</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>LINZY AGNEW</u>		17b. <u>606 JEFFERSON ST. ESTHER MO.</u>	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18 IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <u>ACUTE CARDIAC ARREST</u>			<u>IMMEDIATE</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) <u>RHEUMATIC HEART DISEASE</u>			
(c) <u>RHEUMATIC FEVER</u>			<u>52 YRS</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
<u>HYPERTENSION. CARDIAC DECOMPENSATION CHOLELITHIASIS</u>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM	<u>JUNE 1964</u>	TO <u>12 15 69</u>	21c. <u>12 15 69</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
22a.		21d. <u>2:00 P.M.</u>	21e. <u>28 A.M.</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. <u>W. PAUL DENNIS, M.D.</u>		23b. <u>W. Paul Dennis M.D.</u>	23c. <u>12-17-69</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE
23d. <u>22 SCIENCE ST.</u>		<u>FLAT RIVER</u>	<u>MO. 63601</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. <u>BURIAL</u>	24b. <u>PARKVIEW CEMETERY</u>	24c. <u>NEAR FARMINGTON - MO.</u>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. <u>DEC 17, 1969</u>	25a. <u>CALDWELL FUNERAL HOME 711 E. MAIN ST. FLAT RIVER MO.</u>		
FUNERAL DIRECTOR SIGNATURE	REGISTRAR SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. <u>David P. Caldwell</u>	25a. <u>Arthur Matlow</u>	26b. <u>Dec. 17, 1969</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

CERTIFIER

BURIAL

JAN 5 - 1970

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Filat River, Mo.

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.