

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **0016187**  
166

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6068 Registrar's No. 166

VS 300  
Rev. 4/59

1 0940  
2 1500  
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4 0  
5 1  
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7 0  
8 2  
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11 094  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. FRANCOIS</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Big River Twp. Near Bonne Terre</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Mi North on Hwy #67</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before)<br>a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u><br>c. CITY OR TOWN <u>Rt. # 3 DE SOTO</u><br>d. STREET ADDRESS <u>VALLE LAKE</u> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>WILLIAM FRANCIS AGNEW</u>   |  | 4. DATE OF DEATH Month Day Year<br><u>APRIL 21 1964</u>   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>CAUCASIAN</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <u>10/16/03</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>ELECTRICAL ENG.</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>UNION ELECTRIC FARMINGTON, MO.</u>  | 9. AGE (last birthday) <u>60</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country)<br><u>USA</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>WILLIAM H. AGNEW</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>CORA E. DOWS</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>FRIEDA M. AGNEW</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  |
| 16. SOCIAL SECURITY NO.<br><u>YES</u>   |  | 17. INFORMANT Address #<br><u>MRS. FRIEDA AGNEW, DE SOTO, MO. #3</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Head + chest injuries</u><br>DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>D.O.A.</u>  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.)<br><u>AUTOMOBILE ACCIDENT</u>  |  |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year<br><u>7:00 4-21-64</u>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/><br><u>EN ROUTE TO WORK</u>  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway</u>  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>Hwy #67 N. of Bonne Terre, St. Francois, MO</u>   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>about 7:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Ted Boyer, Coroner</u>   |  | 22b. ADDRESS<br><u>Bonne Terre Mo</u>   | 22c. DATE SIGNED<br><u>4-23-64</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>4/23/64</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>PARKVIEW CEMETERY</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>FARMINGTON, MO.</u>                      |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>D.B. DIETRICH, DE SOTO, MISSOURI</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Apr. 23 1964</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ether Rudloff</u>  |

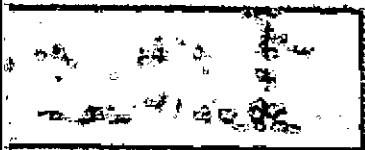
0018111

FEB 25 1965

MAY 7 1964

MAY 6 1964

STATE BOARD OF  
EMBALMERS



STATEMENT BY LICENSED EMBALMER

680

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 Fred Diebreck

Licensed Embalmer No. 5096

P. O. Address De Soto, 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.