

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2504

STATE FILE NUMBER

FILED FEB 6 1957

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 35

Health, Welfare
Public
Service

300
-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in Item 18. No symptoms will be listed. All standard nomenclature in Item 18. No symptoms will be listed. All standard nomenclature in Item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fendleton Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Near Farmington, Mo.		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Route		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alma Middle Agnes Last Parks			4. DATE OF DEATH Month Jan. Day 27 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18, 1879	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 10 Days 9 Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Allen Agnew			14. MOTHER'S MAIDEN NAME Martha Pipkin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) NO		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mo. Mrs. Leo Williams: Near Farmington Rt		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia DUE TO (b) Massive Pulmonary Hemorrhage DUE TO (c) Bronchogenic carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Thalosemia Dependentia 162X					INTERVAL BETWEEN ONSET AND DEATH 15 min Sec. hrs.
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.)		
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 COUNTY STATE	
21. I attended the deceased from March 1954 to Jan 27 1957 and last saw her alive on Jan 25, 1957 Death occurred at 4:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marion L. Culpeper (Deputy or title)			22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 1-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows		23d. LOCATION (City, town, or county) (State) Doer Run Mo.	
24. FUNERAL DIRECTOR C. E. Cozart ADDRESS Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 29, 1957		26. REGISTRAR'S SIGNATURE Ether Redloft	

(Licensed Embalmer's Statement on Reverse Side)

29

FEB 19 1957

FEB 19 1957

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..... *C. Cozian*

Licensed Embalmer No. 40

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.