

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044958

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

224

Primary Registration District No.

3046

Registrar's No.

119

1. PLACE OF DEATH

a. COUNTY

Moniteau

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN California, Mo

Inside Limits  
Yes ☐ No ☒

c. CITY  
OR  
TOWN

California, Mo

0680

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Latham Hospital

Length of stay in lb  
55 Yrs

d. STREET  
ADDRESS

(If outside, give location)  
Rt # 3

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Emma

Middle

Bell

Last

Hill

4. DATE

Month

Day

Year

OP

DEATH

Dec

27

1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ 1 DIVORCED ☐

8. DATE OF BIRTH

April 6 1880

9. AGE (In years  
last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

8

21

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
House Wife

10b. KIND OF BUSINESS OR  
INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME

Lemuel F Agee

13b. MOTHER'S MAIDEN NAME

Polovia Wiles

14. NAME OF HUSBAND OR WIFE

Deceased

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.  
None

17. INFORMANT

Grace Barry California, Mo.

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)

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH  
8 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

4201

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE  
WORK ☐ AT WORK ☐

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 Dec 18, 1958 to Dec 27, 1958 and last saw her alive on Dec 27, 1958  
Death occurred at 3/10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenyon Latham M.D.

22b. ADDRESS

California, Mo

22c. DATE SIGNED

12-29-58

23a. BURIAL CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Dec 29 1958

23c. NAME OF CEMETERY OR CREMATORY

Community Chapel Cemt

23d. LOCATION (City, town, or county)

Rural\* California, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ward Bunker California, Mo

25. DATE RECD. BY LOCAL REG.

12-29-58

26. REGISTRAR'S SIGNATURE

Helen L. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... *Joan A. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California, 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.