

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. ~~420~~ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fagus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fagus</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lou</u>	b. (Middle)	c. (Last) <u>Bagwell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1949</u>
-------------------------------------	-----------------------	-------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 4, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>E. Bagwell</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Mc Crory</u>	ADDRESS <u>Fagus, Mo.</u>
---	----------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enlarged heart</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hardening of arteries</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4701</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
--	--	-------------------------------------

22. I hereby certify that I attended the deceased from 1-1, 1948, to 1-16, 1949, that I last saw the deceased alive on 1-20, 1948, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Miller</u> (Degree or title)	23b. ADDRESS <u>Palmer</u>	23c. DATE SIGNED <u>1-28-49</u>
---	----------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkston Mo.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-2-49</u>	REGISTRAR'S SIGNATURE <u>P. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landers Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>
--	--	--	------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 249-202

Date Filed 2-7-49

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.

Signed Christina M. Landess

Signed.....

Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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 this body is not embalmed, fact should be so stated above.