

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38528**

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 3012 Registrar's No. 128

6008

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Edwin Springs</u> c. LENGTH OF STAY (in this place) <u>several</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Edwin Springs Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond</u> 0890 d. STREET ADDRESS (If rural, give location) <u>6 miles south of Richmond</u>	
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3. NAME OF DECEASED (Type or Print) <u>GEORGE</u> a. (First) <u>GEORGE</u> b. (Middle) <u>E.</u> c. (Last) <u>Bagby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1881</u>	9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR <u>4</u>	# UNDER 4 HRS. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> <u>Chariton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Bagby</u>	13b. MOTHER'S MAIDEN NAME <u>Ludie A. Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie (Buchanan) Bagby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If positive war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-07-0110</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Jennie Bagby, Richmond, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertensive heart disease</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured st. clavicle 6 wks.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 089 (STATE) <u>Decker, Ray, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-26-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home injuring shoulder</u>
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22. I hereby certify that I attended the deceased from 10-1-53, to 10-21, 1953, that I last saw the deceased alive on 10-21, 1953, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>G. K. Danault M.D.</u>	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>10-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Northley, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/25/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quest-Like Funeral Home, Richmond, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Redwood, N.C.

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.