

STANDARD CERTIFICATE OF DEATH

52408-54

BIRTH NO. 7929 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4402

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>lifetime</u>		e. STREET ADDRESS (If rural, give location) <u>110 1 602 E. 12th Terr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital #2</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sharon</u>	b. (Middle)	c. (Last) <u>Bagsby</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-17-54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>8</u> If UNDER 1 YEAR: Months <u>8</u> Days <u>25</u> If UNDER 12 HRS. Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Lawrence Bagsby</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Mae Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Bagsby</u> ADDRESS <u>1602 E. 12th. Terr.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration &amp; malnutrition</u>		
	ANTECEDENT CAUSES <i>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Gastroenteritis, clinical (n.m.o.)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		5710	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-54, 1954, to 8-25-54, 1954, that I last saw the deceased alive on 8-25-54, 1954, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) MD 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 8-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Heads Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
DATE REC'D BY LOCAL REG. <u>9-17-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom R. Tompkins</u> ADDRESS <u>TC MO</u>	

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

**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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. A. P. Phipps

Licensed Embalmer No. 306

P. O. Address D.C. M.

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.