

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15353

State File No.

2058

BIRTH NO. 458729174-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2058

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) life | | e. STREET ADDRESS (If rural, give location) 1602 East 12th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | | |

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| 3. NAME OF DECEASED (Type or Print) (Infant) | | | a. (First) (Infant) | b. (Middle) | c. (Last) Bagsby, #1 | 4. DATE OF DEATH (Month) (Day) (Year) 4 10 1955 | | |
| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married | | 8. DATE OF BIRTH 4-10-55 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours Min. 5 22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? America | |

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| 13a. FATHER'S NAME L. J. Bagsby | 13b. MOTHER'S MAIDEN NAME Fannie Edwards | 14. NAME OF HUSBAND OR WIFE none |
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| 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'S SIGNATURE OR NAME ADDRESS Mrs. Fannie E. Bagsby, 1602 E 12th St. |
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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity | | DUPLICATE OF (b) Prematurity. | | 776 X |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 4-10-55, 19 , to 4-10-55, 19 , that I last saw the deceased alive on 4-10-55, 19 , and that death occurred at 1:35 p m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Frank Ellis MD (Degree or title) | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 4-10-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE May 19-55 | 24c. NAME OF CEMETERY OR CREMATORY Graves | 24d. LOCATION (City, town, or county) (State) Kansas City MO |
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| DATE REC'D BY LOCAL REG. 5-12-55 | REGISTRAR'S SIGNATURE neval minshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Anna Schuyler 15C MO |
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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 Schuyler

Licensed Embalmer No. 302

P. O. Address D.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.