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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1912  
 State File No. ~~3012~~ **96**

FILED APR 10 1956

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>96</b>
1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>		c. LENGTH OF STAY (in this place) <b>14 mon.</b>	c. CITY OR TOWN <b>Kirkville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		STREET ADDRESS (If rural, give location) <b>So. Boundary St., 0013</b>		
3. NAME OF DECEASED a. (First) <b>Mittie</b> b. (Middle) <b>Pearl</b> c. (Last) <b>Baggs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2, 1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 12, 1884</b>	9. AGE (In years last birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Edwin Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Schooling</b>	14. NAME OF HUSBAND OR WIFE <b>Oliver Baggs,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Atha Bridle, Kirkville, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>7 yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>331k</b>		
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 <b>9-8</b> , 19 <b>46</b> , to <b>4-2</b> , 19 <b>56</b> that I last saw the deceased alive on <b>4-2</b> , 19 <b>56</b> , and that death occurred at <b>3:30 p.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>R. Stickler MD</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>4-3-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/5/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Linn County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-5-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul R. Lamb, Kirkville, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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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 *Samuel E Hayes*.....

Licensed Embalmer No. *489*.....

P. O. Address *Kirkville*.....

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.