

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16920

STATE FILE NUMBER

2333

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2333

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, give TOWNSHIP only) OR TOWN Kansas City		-Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		-Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in 1b 4 Weeks	d. STREET ADDRESS 9618 High Drive		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARSHA Middle K. Last BAGBY			4. DATE OF DEATH Month May Day 19 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1947	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Max O. Bagby			14. MOTHER'S MAIDEN NAME Betty Jean Bagby Dunlap		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Max O. Bagby - 9618 High Drive		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chondrosarcoma of abdominal and thoracic cavity					INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 1962
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from Dec 1955 to May 19, 1957 and last saw her alive on 5/18/57 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Neve O. Marshall, M.D. (Degree or title)			22b. ADDRESS 411 Nichols Rd. Kir., Mo.		22c. DATE SIGNED 5-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/21/1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-21-57	26. REGISTRAR'S SIGNATURE Neve Marshall		

Health, & Welfare Public Health Service
 S. 300
 Y. 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 George O. Miles

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE

11-22-33
Will be in office 2:00 PM 11/22/33

11 884

Embaler

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..... *Elmer D. Zippert*

Licensed Embalmer No. 48

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.