FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24119
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 739

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns — Length of stay in lb 51yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0346 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1348 E. Elm — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Raymond Middle: E. Last: Bagent

4. DATE OF DEATH Month: July Day: 20, Year: 1957

5. SEX Male

6. COLOR OR RACE Caucasion

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Nov. 27, 1884

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transport Dept. Frisco R.R.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) New Salem, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Bagent

14. MOTHER'S MAIDEN NAME Maude Johnston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Boyd Bagent — Address Springfield, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma, left lung, with metastasis to brain, ribs, right lung, liver and spinal cord. — INTERVAL BETWEEN ONSET AND DEATH: 10½ mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paraplegia from spinal cord metastasis. — 2 mos.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 162X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/24/56, to 7/20/57 and last saw ~~her~~ him alive on 7/20/57
Death occurred at Around 3:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Polk, MD

22b. ADDRESS 604 Medical Arts Bldg., Springfield 4, Missouri

22c. DATE SIGNED 7/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 23, 1957

23c. NAME OF CEMETERY OR CREMATORY Maple Park

23d. LOCATION (City, town, or county) Springfield (State) Missouri

24. FUNERAL DIRECTOR Jewell E. Windle — ADDRESS Springfield

25. DATE RECD. BY LOCAL REG. 7-25-57

26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 27 1957

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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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert E. Muhlema

Licensed Embalmer No. 49

P. O. Address Springf

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