

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25912

FILED JUL 26 1957

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1003

State File No.

6371

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 2290 4535 Lindell Blvd	
3. NAME OF DECEASED (Type or Print) HARRIET		a. (First) b. (Middle) c. (Last) BAGBY	4. DATE OF DEATH (Month) (Day) (Year) July 8 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 4, 1875
9. AGE (In years last birthday) 82		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) school teacher		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Clay Bagby	13b. MOTHER'S MAIDEN NAME Joanna Lawson Hubbard
14. NAME OF HUSBAND OR WIFE single		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 Dr. James Bagby #2 Country Life Ac.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>Ante-mortem</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis with encephalomalacia</i>		INTERVAL BETWEEN ONSET AND DEATH 7 days
* This does not mean the manner of death, such as heart failure, asphyxia, etc. It means the cause, injury, or complication which caused death.		DUE TO (b) <i>Arteriosclerotic heart disease with complete heart block</i>		14 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>simple fracture rt. femur</i>		DUE TO (c)		2 mos.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <i>2</i> 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)
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 14 MAY, 1957, to 8 JULY, 1957, that I last saw the deceased alive on 8 JULY, 1957, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Richard A. Jones MD</i>	23b. ADDRESS <i>3720 Washington</i>	23c. DATE SIGNED <i>9 JULY 57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE July 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crem.
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. JUL 9 1957	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C.R. Lupton Addsons</i>	ADDRESS 7233 Delmar Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

(CITY)

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 *Clarence H. Murr*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.