

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017449  
STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 43 Primary Registration District No. 5141 Registrar's No. 362

5. 300

1-57

120  
3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gillis bluff Twsp.</b>		c. CITY OR TOWN <b>St. Louis</b> <u>225<sup>th</sup></u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Public hiway 53</b>		d. STREET ADDRESS (If outside, give location) <b>806 N. 15 th.</b>	
3. NAME OF DECEASED (Type or print) First <b>Pearl</b> Middle Last <b>Bagby</b>		4. DATE OF DEATH <b>5-14-58</b> Month Day Year	
5. SEX <b>Female</b> <u>3</u>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 2, 1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Omaha, Nebraska</b> <u>1</u>
13a. FATHER'S NAME <b>Fred Bagby</b>		13b. MOTHER'S MAIDEN NAME <b>Lenora. Shobe</b>	14. NAME OF HUSBAND OR WIFE <b>*****</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>Unk.</b>	17. INFORMANT Address <b>Earl Bagby, St. Louis, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Skull fracture and lacerations</b> DUE TO (b) <b>Automobile accident</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)			INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
20a. ACCIDENT <input checked="" 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.) <b>Automobile accident</b>	
20c. TIME OF INJURY <b>5</b> Hour Month, Day, Year a.m. <b>5-14-58</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public hiway</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Butler 012 Mo.</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>5:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full name or title) <b>Grover Wheeler</b> <u>3</u>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>5-14-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (Specify) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>ATKINS Funeral Home</b> <b>Bluff</b>		25. DATE RECEIVED BY LOCAL REG. <b>Mo. 5/19/58</b>	26. REGISTRAR'S SIGNATURE <b>R. Mueller</b>

ST LOUIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MAY 19 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 29 1958

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 *Ray P. Adams* \_\_\_\_\_

Licensed Embalmer No. *4928* \_\_\_\_\_

P. O. Address *Poplar Bluff* \_\_\_\_\_

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.