

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025058

STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Campbell</b> <b>0350</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D. C. Memorial Hosp.</b>		Length of stay in lb <b>1 Day</b>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ranzy</b> Middle <b>Dow</b> Last <b>Baggett</b>			4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>September 12, 1879</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Baggett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>John Baggett</b> Address <b>Campbell, Missouri Rt. 1</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>Myocardial Insufficiency &amp; Acute Congestive Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Acute Congestive Failure</b> DUE TO (c) <b>Extreme Malnutrition 2865</b>			INTERVAL BETWEEN ONSET AND DEATH
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 <b>9:50</b> Month <b>7</b> Day <b>11</b> Year <b>58</b> a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Campbell, Missouri</b>	
21. I attended the deceased from <b>7-11-58</b> to <b>7-12-58</b> and last saw her alive on <b>7-12-58</b> Death occurred at <b>9:50</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>C. Edmondson mil.</b> (Degree or title)	
22b. ADDRESS <b>Malden, Missouri</b>		22c. DATE SIGNED <b>7-15-58</b>	
23a. BURIAL, CREMATION, REPENDIA (Specify) <b>Burial</b>	23b. DATE <b>July 14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri Rt. 1</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Inc.</b> ADDRESS <b>Campbell Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>7-17-1958</b>	26. REGISTRAR'S SIGNATURE <b>Carl Herbrand</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-21-58

COUNTY FILE NUMBER 758-17

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 *Christina M. Lander*

Licensed Embalmer No. 4227  
P. O. Address *Campbell, Mo*

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.