

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028363
STATE FILE NUMBER

FILED AUG 22 1958
REG-1205939
REG.#16405

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 504

S. 300
v. 1-57
0124
0

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 58 YRS.	STREET ADDRESS (If outside, give location) 1125 RIVERVIEW		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARLIN Middle TAYLOR Last BAGHEY			4. DATE OF DEATH Month AUGUST Day 7 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-6-85	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH	11. BIRTHPLACE (City and state or country) DIXIE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HARVEY C. BAGHEY		13b. MOTHER'S MAIDEN NAME ANNIE E. GREEN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. 491162454	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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.					INTERVAL BETWEEN ONSET AND DEATH SEV. YEARS
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. Attended the deceased from 4-8-58 to 8-7-58 Death occurred at 2:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Med. Svc. VA HOSP., POPLAR BLUFF, MO.			22b. ADDRESS		22c. DATE SIGNED 8-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-9-58	23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Frank Cotrell		ADDRESS Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 8/16/58	26. REGISTRAR'S SIGNATURE Robert S. Cohen

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

RECEIVED

AUG 19 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

RECORDS-01
2011

DATE

TIME

DATE

DATE

TIME

DATE

TIME

DATE

TIME

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 *Charles E. Mungl*

Licensed Embalmer No. *4877*
P. O. Address *Poplar B*

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.