

FILED VS SEP 6 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-030420

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 002

Registrar's No. 4235

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hosp		Length of stay in lb 48	d. STREET ADDRESS (If outside, give location) 4115 Monroe Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First: George Middle: Walter Last: Bagby			4. DATE OF DEATH Month: 8 Day: 15 Year: 60			
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5. SEX 2	6. COLOR OR RACE M Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/10/11	9. AGE (In years birthday) 48	IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HRS. Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Opp	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Walter Bagby	13b. MOTHER'S MAIDEN NAME Verebena Qain	14. NAME OF HUSBAND OR WIFE Idella Bagby
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 400-16-4116	17. INFORMANT Idella Bagby Address: 4115 Monroe
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of pancreas DUE TO (c) 157X		INTERVAL BETWEEN ONSET AND DEATH 4 weeks 4 mos.
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 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.)
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20c. TIME OF INJURY Hour: Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 8/12/60 to 8/15/60 and last saw him alive on 8/14/60 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Hugh W. Mc Caughy M.D. (Name or title)	22b. ADDRESS 5615 Johnson St. Mission Kansas	22c. DATE SIGNED 8/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 8/18/60	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) Kansas City Mo (State)
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24. FUNERAL DIRECTOR Manlove Williams ADDRESS: 1729 Lydia	25. DATE RECD. BY LOCAL REG. 8-18-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Maynard Welles*
Licensed Embalmer No. *46513*
P. O. Address *258*

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.