MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042459

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5664

DO NOT WRITE ON THIS STUB

AMENDED FILED NOV 26 1962

VS 300 Rev. 4/59

1	
2	8150
3	
4	1
5	1
6	
7	0
8	1
9	4201
10	
11	
12	640
13	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 4 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas — b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City Ks — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2212 South 39th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Myrtle — Middle Alice — Last Bagemihl

4. DATE OF DEATH: Month Nov — Day 7 — Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Feb 21-1898

9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Bucklin Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Isaiah Stanfield

13b. MOTHER'S MAIDEN NAME: Delana Milsap

14. NAME OF HUSBAND OR WIFE: John C. Bagemihl

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: 1505 Walnut — Address: George L. Hahner — Massilloni, Ohio

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Previous infarction
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3 Nov 62, to 7 Nov 62 and last saw her/him alive on 7 Nov 62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Philip L. Reister MD

22b. ADDRESS: 518 Argyle Bldg

22c. DATE SIGNED: 11/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Nov-12-1962

23c. NAME OF CEMETERY OR CREMATORY: Chaple Hill

23d. LOCATION (City, town, or county) (State): Kansas City Kansas

24. FUNERAL DIRECTOR — ADDRESS: Gates, 1901 Olathe Blvd, Kansas City Ks

25. DATE RECD. BY LOCAL REG.: 11-9-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Phillip Reister
Argyle Bldg.
HA 1-0111
after 1:pm
monday

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 _____ Signed Paul R. Williamson
Signature of Student Embalmer

Licensed Embalmer No. 5009

P. O. Address Overland Park Ks

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.