

No. 200
10.48

8863

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 87		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville				
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) Clay Street				
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) James c. (Last) Bagby			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1949					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7/25/1873		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) city marshall			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Bagby			13b. MOTHER'S MAIDEN NAME Emma F. Hail			14. NAME OF HUSBAND OR WIFE Eva Bagby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Bagby; Huntsville, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarct					INTERVAL BETWEEN ONSET AND DEATH 2 days	
		2. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) None DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Arterio-sclerosis Acute cholecystitis					one week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 21, 1949 , to April 23rd 1949 , that I last saw the deceased alive on April 23, 1949 and that death occurred at 7 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Thomas Bagby M.D.			23b. ADDRESS (Degree or title) Moberly, Mo.			23c. DATE SIGNED Apr 28 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-25-1949		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri		
DATE REC'D BY LOCAL REG. 4-25-49		REGISTRAR'S SIGNATURE Leah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton		ADDRESS Huntsville, Mo.		

RECEIVED

District Health Officer No.

District File Number 5-49

Date Filed MAY 2 - 1949

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
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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 this body is not embalmed, fact should be so stated above.