

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19106

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5729</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Lyon</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernal Mo R#R 1.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <u>Gerald Mo. R#R 1.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William L.</u> b. (Middle) <u>Bagby.</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1949.</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 5 1872.</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 12 HRS. Hours <u>6</u>	Mins. _____
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Edward Bagby.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Greenstreet</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Bagby.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irven Bagby Edwardsville Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric Ulcer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4500</u> <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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 <u>May 7, 1949</u> , to <u>May 11, 1949</u> that I last saw the deceased alive on <u>May 10, 1949</u> , and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Matthews M.D.</u> (Degree or title)				23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>5-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Talbulla Cem. St. Louis</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County. Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-12-49</u>		REGISTRAR'S SIGNATURE <u>G. L. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Semme</u>		ADDRESS <u>Beaufort Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28 1949
District Health Officer No. 9,
District File Number

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 _____

E. H. Gemme

Student Embalmer No. _____

working under my personal supervision.

Signed *E. H. Gemme*

Signed _____
Student Embalmer

Licensed Embalmer No. *3076*

P. O. Address *Beaufort N.C.*

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.