

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1949

State File No. 27713

BIRTH NO.		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 3056	Registrar's No. 178
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Alameda</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> 3		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palo Alto</u> 4		
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>3760 Ross Road</u> 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>641 North Ault St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>BAGLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-10-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar-9-1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John B. Slaughter</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Williamson</u>		14. NAME OF HUSBAND OR WIFE <u>Henry F. Bagley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Patrick Moberly Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>8/10/49</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no.</u>		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>Aug. 10, 1949</u> , to <u>Aug. 10, 1949</u> , that I last saw the deceased alive on <u>Aug. 10, 1949</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. R. E. Huber, M.D.</u>		23b. ADDRESS <u>400 1/2 W. Reed, Moberly, Mo.</u>		23c. DATE SIGNED <u>8/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palo Alto California</u>
24d. LOCATION (City, town, or county) (State) <u>Palo Alto California</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shaw Funeral Home Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-11-49</u>		REGISTRAR'S SIGNATURE <u>Seab E. Wetmore</u>		

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

AUG 15 1949

RECEIVED

District Health Officer No. 10

District File Number 8-79-1403

Date Filed AUG 16 1949

FEB 13 1958

AUG 19 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.

Signed

R. M. Carter

Signed _____

Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

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.