

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38343

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 3056 Registrar's No. 243

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville; R.F.D.#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 664 N. Ault Street		d. STREET ADDRESS (If rural, give location) R.F.D.#2	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) (Ott) c. (Last) Dodd			4. DATE OF DEATH (Month) (Day) (Year) November 13, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 3-1-1881		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas J. Bagby		13b. MOTHER'S MAIDEN NAME Emma Hale		14. NAME OF HUSBAND OR WIFE Jennie Murry Bagby	
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'S SIGNATURE OR NAME ADDRESS R.D. Bagby; Huntsville, Missouri	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease			DUE TO (b) Coronary Sclerosis			?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Unknown			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						443X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 **Nov 1, 1949** to **Nov 13, 1949** that I last saw the deceased alive on **Nov 12, 1949** and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Bagby		(Degree or title) U		23b. ADDRESS Moberly, Mo		23c. DATE SIGNED Nov 14	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-14-1949		24c. NAME OF CEMETERY OR CREMATORY Bagby Cemetery		24d. LOCATION (City, town, or county) (State) South of Huntsville, Mo.	
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DATE REC'D BY LOCAL REG. Nov 14-49		REGISTRAR'S SIGNATURE Leah Bell...		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton		ADDRESS Huntsville	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

87
6
3

mo

RECEIVED NOV 22 1949
District Health Officer No. 10
District File Number 11-49-12
Date Filed NOV 22 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 Mt

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.