THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 17 1950

State File No. **13628**

BIRTH NO. _____ REG. DIST. NO. *171* PRIMARY REG. DIST. NO. *4267* Registrar's No. *1*

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. COUNTY *Lafayette*	a. STATE *Missouri* b. COUNTY *Lafayette*
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Odessa* c. LENGTH OF STAY (in this place) *25 yrs*	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Odessa* *US40*
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *Orchard St.*	d. STREET ADDRESS (If rural, give location) *Orchard St.*

3. NAME OF DECEASED (Type or Print)	a. (First) *Dera*	b. (Middle) *Maude*	c. (Last) *Baggerly*	4. DATE OF DEATH (Month) (Day) (Year) *May 11 1950*

5. SEX *Male*	6. COLOR OR RACE *White*	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married*	8. DATE OF BIRTH *Sept 13. 1877*	9. AGE (In years last birthday) *72*	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) *Housewife*	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) *Sweet Springs Mo*	12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *John B Jester*	13b. MOTHER'S MAIDEN NAME *Dolly Pemberton Jester*	14. NAME OF HUSBAND OR WIFE *Claude Baggerly*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *None*	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME *Dorothy Baggerly Hall* ADDRESS *8531 E 8th Richmond*

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	*Cerebral Hemorrhage*	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	*Arteriosclerosis & Hypertension*	
DUE TO (c)	*Found unconscious in*	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	*bath tub & died 2 hrs later*	*331X*

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION *no operation*	20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 11*, 1950, to *March 11*, 1950, that I last saw the deceased alive on *March 11, 1950*, and that death occurred at *4* m., from the causes and on the date stated above.

23a. SIGNATURE *W. J. Martin M.D.* (Degree or title)	23b. ADDRESS *Odessa Mo*	23c. DATE SIGNED *3-12-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*	24b. DATE *3-13-50*	24c. NAME OF CEMETERY OR CREMATORY *Odessa cem*	24d. LOCATION (City, town, or county) *Odessa* (State) *Mo*

DATE REC'D BY LOCAL REG. *Mar 13-1950*	REGISTRAR'S SIGNATURE *Lelia Drummond* *153*	25. FUNERAL DIRECTOR'S SIGNATURE *Blinett* ADDRESS *Odessa Mo*

(Licensed Embalmer's Statement on Reverse Side)

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 *Horace Blmoe*

Licensed Embalmer No. *2758*

P. O. Address *Odessa Ne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

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