

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40514

BIRTH NO. _____		REG. DIST. NO. 382		PRIMARY REG. DIST. NO. 4230		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Amstutz</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Amstutz</u>		0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>No Street</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First) <u>JAMES</u>		c. (Last) <u>BAGBY</u>		4. DATE OF DEATH <u>Dec 15-50</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>May 5-1889</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTH <u>7</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>in sand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		13a. FATHER'S NAME <u>Robert Jones Bagby</u>		13b. MOTHER'S MAIDEN NAME <u>alice Wyman</u>	
13c. NAME OF HUSBAND OR WIFE <u>none</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mable Frazier</u>		17. ADDRESS <u>Amstutz</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>493X</u>			
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) 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>Dec 15, 1950</u> , to <u>Dec. 15, 1950</u> , that I last saw the deceased alive on <u>No</u> , 19 <u> </u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis D. Allen</u>		23b. ADDRESS <u>M.D. Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>12-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ryanok Cent</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-18-50</u>		REGISTRAR'S SIGNATURE <u>Walker Cadeleyo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Roberson</u>		ADDRESS <u>Amstutz</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-5-51

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 H. S. Roberson

Signed
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address Austiny 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.