

FILED MAR 5, 1951

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 5459

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) <u>Parma, RT I</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Parma, RT I</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		OR TOWN <u>Parma, RT I</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi S-W. of Parma.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ERNEST WILLIAM BAGBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22-1951</u>	
5. SEX <u>M.</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Sept. 18-1907</u>
9. AGE (If years, list birth day) <u>43</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Wagon Co. Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. C. Bagby</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Green</u>	
14. NAME OF HUSBAND OR WIFE <u>Lula Bagby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Bagby</u> ADDRESS <u>Douglas MA</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adipose tissue decreased since on 2/21/51</u> <u>Adipose tissue professionally embalmed</u>	
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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:58</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. C. Bagby, MD</u>		23b. ADDRESS <u>Malden</u>	
23c. DATE SIGNED <u>2/26/51</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden MA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Waltham</u> ADDRESS <u>Funeral Service, Parma, MA</u>	
DATE REC'D BY LOCAL REG. <u>2/28/51</u>		REGISTRAR'S SIGNATURE <u>Dr. G. W. Busted, MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5720

RECEIVED

MAR 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.

VS JUN 23 1959

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 *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Hexter*

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.