

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34072**

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FILED OCT 20 1952
BIRTH NO. **66600** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **840**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grain Smith Memorial		d. STREET ADDRESS 513 S. 6th.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Roy	b. (Middle) DALE	c. (Last) Baggs	(Month) Oct.	(Day) 15	(Year) 1952
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 13, 1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months 48
10a. USUAL OCCUPATION Newborn	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Kirksville, Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ross Dale Baggs	13b. MOTHER'S MAIDEN NAME Bertrice Walters	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ross Dale Baggs	ADDRESS Kirksville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelactasis, newborn		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Oct 13, 1952** to **Oct 15, 1952**, that I last saw the deceased alive on **Oct 15, 1952** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED Oct 15, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/16/52	24c. NAME OF CEMETERY OR CREMATORY Maple Hill	24d. LOCATION (City, town, or county) (State) Kirksville, Mo
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DATE REC'D BY LOCAL REG. 10-16-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Kirksville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Kirkville, 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.