

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44580

State File No. ....

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 3215

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Hannibal,</u>		c. CITY OR TOWN <u>Hannibal,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 MIN.</u>		e. STREET ADDRESS (If rural, give location) <u>1226 Center St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0647</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>---</u> c. (Last) <u>Bagby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1953.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 24, 1929.</u>
9. AGE (In years last birthday) <u>24.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CB&amp;Q. R.R.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Walter Bagby</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Crane</u>	14. NAME OF HUSBAND OR WIFE <u>Carlene Bagby.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Bagby, Hannibal, Missouri.</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 INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured lung and lung hemorrhage, and fractures, suffered while assisting in loading steel railroad rails from the ground onto a freight car in the employ of the C.B.T. &amp; Q. Rail Road at the R.R. rightaway and Bellefontaine Road; when one rail slipped from the</u>			<u>E800X 35</u>
II. OTHER SIGNIFICANT 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>hoist and pinned the deceased to the ground. Removed to County Hospital where he expired a few</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. rightaway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Spanish Lake St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 15, 1953 11:35 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Rail he was loading slipped from the hoist and pinned him to the ground.</u>
22. I hereby certify that I attended the deceased from <u>12-15-53</u> , 19 <u>53</u> , to <u>12-15-1953</u> , that I last saw the deceased alive on <u>12-15-1953</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>601 S. Brentwood Clayton, Mo.</u>	23c. DATE SIGNED <u>12-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1954

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.....  
Signature of Student Embalmer

Signed *John J. Haines*  
Licensed Embalmer No. *4108*  
P. O. Address *J. Haines*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.