

FILED NOV 9 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 36275

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 106	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R Nevada,</b>		c. LENGTH OF STAY (in this place) <b>Same.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richards</b>		10800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wyatt's Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First)		b. (Middle) <b>Comfort</b>		c. (Last) <b>Baggerly</b>	
4. DATE OF DEATH <b>Oct. 24, 1954</b>		(Month)		(Day)		(Year)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 26, 1869</b>	
9. AGE (in years, last birthday) <b>85</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sayth Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lyman Baggerly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nora Smith Richards? No</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undiagnosed gastro-intestinal disease with hemorrhage arteries</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerotic cardiovascular disease</b>						unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>578 X</b>				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) (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 <b>Oct 20, 1954</b> , to <b>Oct 24, 1954</b> , that I last saw the deceased alive on <b>Oct 24, 1954</b> , and that death occurred at <b>8:20 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James J. Pascoe, M.D.</b>				23b. ADDRESS <b>Nevada Missouri</b>		23c. DATE SIGNED <b>Oct 26 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miller Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vernon County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-4-54</b>		REGISTRAR'S SIGNATURE <b>Anna S. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richinger Funeral Home Nevada, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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. 502

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.