

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15513

FILED MAY 28 1956

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Bates 0071</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates 0071</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S Delaware</u>		d. STREET ADDRESS (If outside, give location) <u>S Delaware</u>	
3. NAME OF DECEASED (Type or print) First <u>Melvina</u> Middle <u>Maude</u> Last <u>Bagenstos</u>		4. DATE OF DEATH Month <u>5</u> Day <u>20</u> Year <u>56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH <u>Nov 14 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Laporte Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Issac Williams</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT Address <u>Mrs Ruby Gee-Butler Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>1 week</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5:35</u> Month, Day, Year <u>5-20-56</u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5-23-56</u> to <u>5-20-56</u> and last saw her alive on <u>5-20-56</u> Death occurred at <u>5:35 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert C. Beach D.O. I</u>		22b. ADDRESS <u>Butler, Mo.</u>	
22c. DATE SIGNED <u>5-20-56</u>			
23a. BURIAL, CREMATION, REMAINS <u>Buried</u>	23b. DATE <u>5/23/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	23d. LOCATION (City, town, or county) (State) <u>Laporte Iowa</u>
24. FUNERAL DIRECTOR ADDRESS <u>Culver Underwood Butler, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 21-56</u>	
		26. REGISTRAR'S SIGNATURE <u>Kenneth Kerney</u>	

(Licensed Embalmer's Statement on Reverse Side)

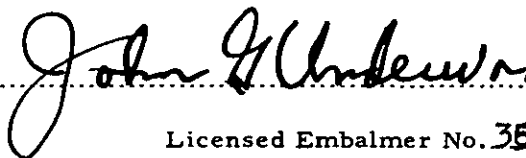
MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 35

P. O. Address Butler M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.