

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 18 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		c. CITY OR TOWN <u>Jennings</u> ⁴¹⁴⁸	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7010 Lena Av.</u>		e. STREET ADDRESS (If rural, give location) <u>7010 Lena Av.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u> b. (Middle) _____ c. (Last) <u>Bagley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21 1957</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>Feb. 21 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithland Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Howard Bagley</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Council</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Mary Bagley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If in any war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>493-10-9621</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Bagley</u>		ADDRESS <u>7010 Lena Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease - acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Suddenly</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic myocardial artero-sclerotic heart disease</u>		<u>2 years</u>
		DUE TO (c) <u>Seasonal asthma - severe</u>		<u>10 years</u>
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	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 8-25, 1945, to 11-28, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 1:20 a.m., 11-21-57, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman Miller MD</u>	23b. ADDRESS <u>A960 Laclede</u>	23c. DATE SIGNED <u>1-21-57</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Charlston Mo</u>		

DATE REC'D BY LOCAL REG. <u>1-21-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Mortuary</u>	ADDRESS <u>5967 W. Florissant</u>
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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 *Myron J. Bradley*.....

Licensed Embalmer No. *251*.....

P. O. Address *A. Lane*.....

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.