

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-011131
STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 1443 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rural--Salt Spring Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Jail			Length of stay in 1b Less than 1		d. STREET (If outside, give location) hr. ADDRESS S of Huntsville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Victor Reed Bagby				4. DATE OF DEATH Month 3 Day 9 Year 58							
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 30, 1907		9. AGE (In years last birthday) 50			
						IF UNDER 1 YEAR Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired trucker			10b. KIND OF BUSINESS OR INDUSTRY trucking		11. BIRTHPLACE (City and state or country) Randolph County, Missouri			12. CITIZEN OF WHAT COUNTRY? United States			
13. FATHER'S NAME Victor E. Bagby				14. MOTHER'S MAIDEN NAME Maude Colley							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Edwin Jarman; Huntsville, Missouri						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary paralysis								INTERVAL BETWEEN ONSET AND DEATH one hr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) thrombotic embolism of cerebral artery		DUE TO (c) arteriosclerosis				2 days unknown			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X					
20c. TIME OF INJURY Hour a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3-9-58 to 3-9-58 and last saw him alive on 3-9-58 Death occurred at 6-PM m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) M. J. Jarman				22b. ADDRESS 109 N 5th, Moberly Mo				22c. DATE SIGNED 3-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-12-1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cemetery		23d. LOCATION (City, town, or county) (State) S of Huntsville, Missouri					
24. FUNERAL DIRECTOR Tom B Patton Huntsville				ADDRESS mo		25. DATE RECD. BY LOCAL REG. 3-13-1958		26. REGISTRAR'S SIGNATURE Mary H. Dentley			

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56Health,
Welfare
Public
Service

MAR 28 1958

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 *Tom B. Patton*

Licensed Embalmer No. *39*

P. O. Address *Hunt...*

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.