S. No.300	THE DIVISION OF HEALTH OF MISSOURI 66424-5858-019203		
v. 10.48	BIRTH ROLEN MAY 26 1958 REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 3052 Registrar's No. 233		
	1. PLACE OF DEATH a. COUNTY SEARL LETTIS 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adminission). Benton Benton		
- N	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEORICA C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WRESHUM		
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BOTHWELL Mem: HOSP.		
	3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) (Year)		
ENT	(Type or Print) ACQ. F HNN DAGGER(4 DEATH MARY 17 958 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 11 HRS. WIDOWED, DIVORCED (Specify) 1. Mark birthday) Months Days Hours Min.		
PERMANENT	10a. USUAL OCCUPATION (Ghrekind of work 10b. KIND OF BUSINESS OR IN. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
PEF	done during most of working life, even if retired) BABY DUSTRY MISSOURI 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
Œ	JACK E. Baggerly Wana W. Hendanson 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
-MAKE	(Yes, no, or unknown) (If yes, give war or dates of service) NO.		
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Interval Between ONSET AND DEATH Interval Between ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH		
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ANTECEDENT CAUSES ANTECEDENT CAUSES Anteced to the above cause (a) stating the underlying cause last.		
	as heart failure, asthenia, etc. It means the dis- egge, injury, or complica- DUE TO (c)		
UNFADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Unbilied dord, 8"long. Conditions contributing to the death but not related to the disease or condition causing death.		
UNEA	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? / YES LV NO		
SING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
sn-	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE WORK AT WORK		
PLAINLY	22. I hereby certify that I attended the deceased from		
	23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 5/17/17		
WRITE	24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		
3 // A	DATE REC'D BY LOCAL REALSTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-21-1958 Thurson Heller Thurson Warson		
, S. U[(Licensed Embriner's Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embaimed by me, or by
	Student Embalmer No
vorking under my personal supervision.	
Student	Signed John 7 Reser

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.

Student Embalmer