

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020765
STATE FILE NUMBER

35711-58
FILED JUL 7 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 222

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1. PLACE OF DEATH a. COUNTY ADAIR			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MACON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bevier ⁰⁶¹⁰		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Length of stay in lb 2 1/2 hrs	d. STREET ADDRESS (If outside, give location) -		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Peggy Middle Lou Last Pagliai			4. DATE OF DEATH Month 6 - Day 27 - Year 58		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-27-58		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 1/2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) KIRKSVILLE Mo	
12. CITIZEN OF WHAT COUNTRY? -		13a. FATHER'S NAME Damon Pagliai		13b. MOTHER'S MAIDEN NAME Beverly Whitwood	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT Damon Pagliai		Address Macon Mo		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 failure DUE TO (b) Cerebral Anoxia DUE TO (c) Grand Malconvulsion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7610	
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.)	
20c. TIME OF INJURY Hour - Month, Day, Year - 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 Bevier Mo		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]		(Degree or title) MD		22b. ADDRESS 2 Knoxville, Mo.	
22c. DATE SIGNED 6-27-58		23a. BURIAL, CREMATION, OR REMOVAL (Specify) Normal		23b. DATE 6/28-58	
23c. NAME OF CEMETERY OR CREMATORY East Oakwood Cem		23d. LOCATION (City, town, or county) Bevier Mo		(State)	
24. FUNERAL DIRECTOR [Signature]		ADDRESS Bevier Mo		25. DATE RECD. BY LOCAL REG. 7-2-1958	
26. REGISTRAR'S SIGNATURE [Signature]					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *H. E. Edwards*

Licensed Embalmer No. *1961*
P. O. Address *Berrien Co.*

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.