

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

58-038700

State File No. ....

FILED OCT 16 1958

BIRTH NO. .... REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Florida b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) Mansfield		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Lakeland 8090 8		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 THE MANSFIELD HOSP.				e. STREET ADDRESS (If rural, give location) 930 N. Lincoln Ave.			
3. NAME OF DECEASED (Type or Print) Allen Novell Baggett			4. DATE OF DEATH 9-11-58				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3		8. DATE OF BIRTH Aug. 8, 1908	
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Cairo, Georgia	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Ezekiel Baggett		13b. MOTHER'S MAIDEN NAME Pearl Harper		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. 261-10-1753		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ezekiel Baggett, 930 N. Lincoln, Lakeland			
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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Decompensation				INTERVAL BETWEEN ONSET AND DEATH 5 minutes			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-9, 1958, to 9-11, 1958, that I last saw the deceased alive on 9-11, 1958, and that death occurred at 6:05A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Newton D. Neufeld, D. O. 1				23b. ADDRESS Mansfield, Missouri		23c. DATE SIGNED 9-11-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-12-58		24c. NAME OF CEMETERY OR CREMATORY Fitzgerald		24d. LOCATION (City, town, or county) (State) Rural Lakeland, Florida	
DATE REC'D. BY LOCAL REG. 9/15/58		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max L. Miller, Mansfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1140

County File Number  
Date Filed 10-14-58

### 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.....  
*Max L Miller*

Licensed Embalmer No. *472*

P. O. Address *Manassas*

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.