Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004435
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 16 Primary Registration District No. 5075 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Golden City Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ¼ mi. N. Golden City Length of stay in Ib 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Golden City R.1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ½ mi. N. Golden City Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First HENRIETTA Middle Last BAWBELL
4. DATE OF DEATH Month Feb. Day 27 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Dec. 28, 1872
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Jasper Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hugh C. Magoffin
13b. MOTHER'S MAIDEN NAME Zeruiaah Hedges
14. NAME OF HUSBAND OR WIFE Irving R. Bawbell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT Mrs. Elbe West, Golden City, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-4-58, to 2/27/59 and last saw her/him alive on 1/29/59.
Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elmer W. Taylor M.D. (Degree or title)
22b. ADDRESS 807 Main St. Lockwood
22c. DATE SIGNED 3/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Mar. 2, 1959
23c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery
23d. LOCATION (City, town, or county) Dade Co., Mo. (State)

24. FUNERAL DIRECTOR Phillips Funeral Home ADDRESS Golden City, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 2-1959
26. REGISTRAR'S SIGNATURE Hazel H. Pugh

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS MAY 1 2 1967

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. Lowell Pugh

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo

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.