Health, & Welfare Public Service

3. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021188
STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2966

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN ~~Raytown~~ Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 8531 E. 81st St. — Length of stay in this place: 8 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN ~~Raytown~~ Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8531 E. 81st St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First David Middle Claude Last Baggarly

4. DATE OF DEATH Month June Day 17 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH May 23, 1876
9. AGE (In years last birthday) 83 — 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) Miller
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME David C. Baggarly
13b. MOTHER'S MAIDEN NAME Elizabeth Varner
14. NAME OF HUSBAND OR WIFE ~~None~~

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. None
17. INFORMANT Dorothy Hall, Address 8531 E. 81st. St. Raytown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Degenerative myocarditis	10 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261

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 11-2-56, to 6-17-59 and last saw her/him alive on 6-17-59
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D M Eubank (Degree or title) MD
22b. ADDRESS Raytown Mo.
22c. DATE SIGNED 6-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 19, 1959
23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery
23d. LOCATION (City, town, or county) Odessa, Mo. (State)

24. FUNERAL DIRECTOR Husman-Sparks, Odessa, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6-18-59
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

D. M. Eubank

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 Irving E. Huswan

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.