

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-026138

FILED VS JUL 27 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 244

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		Length of stay in 1b 6 hrs.		c. CITY OR TOWN Parents residence Fortuna		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Bothwell Hospital		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS No street numbers		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Debra Kay Bagwell				4. DATE OF DEATH July, 19th, 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH July, 19, 1959	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -----		9. AGE (last birthday) 6		11. BIRTHPLACE (City and state or country) Sedalia, Missouri	
13a. FATHER'S NAME Joseph L. Bagwell		13b. MOTHER'S MAIDEN NAME Lauvera Hall		12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE Rose Marie Bagwell, Fortuna, Missouri	
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. None		17. INFORMANT Rose Marie Bagwell, Fortuna, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis DUE TO (b) congenital pulmonary defect DUE TO (c) birth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) microcephalic PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
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 7-19-59 to 7-19-59 and last saw (her) alive on 7/19/59 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) D.O. 22b. ADDRESS Sedalia Mo. 22c. DATE SIGNED 7/20/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July, 19, 1959		23c. NAME OF CEMETERY OR CREMATORY Adinsville Cemetery		23d. LOCATION (City, town, or county) (State) 3 Miles West Fortuna, Mo	
24. FUNERAL DIRECTOR Jewell E. Richards, Tipton, Missouri		ADDRESS		25. DATE REC'D. BY LOCAL REG. 7-20-1959		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer'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 embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lipton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.