

IDED:

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bates Co Hospital		d. STREET ADDRESS (If outside, give location) Adams Street	
3. NAME OF DECEASED (Type or print) First Georgia Middle Lee Last Bagby		4. DATE OF DEATH Month Oct Day 31 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 8/13/1875
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Bates Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Bagby		13b. MOTHER'S MAIDEN NAME Anna Hardman	
14. NAME OF HUSBAND OR WIFE Divorced-		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 Mrs E J Groves-Merwin 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) Cardiac Failure c cardiac atthma 2 days DUE TO (b) Senile Myocarditis DUE TO (c) united Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 26 Oct 60 to 30 Oct 60 and last saw her alive on 30 Oct 60 Death occurred at 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. A. Moser M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 30 Oct 60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Nov 2/60		23c. NAME OF CEMETERY OR CREMATORY Oakhill	
23d. LOCATION (City, town, or county) Butler Mo		24. FUNERAL DIRECTOR Culver Underwood-Butler Mo	
25. DATE RECD. BY LOCAL REG. Nov-2-60		26. REGISTRAR'S SIGNATURE Randall Kersay	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John G. Underwood

Licensed Embalmer No. 358

P. O. Address Butler

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