...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1961

-60-045896

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6349

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 52 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3910 Benton Blvd. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3910 Benton Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Esther Middle M. Last Bagwell
4. DATE OF DEATH Month December Day 16 Year 1960
5. SEX Female
6. COLOR OR RACE Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Nov. 11, 1874
9. AGE (last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Home
11. BIRTHPLACE (City and state or country) Sullivan Co. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jerome Smith
13b. MOTHER'S MAIDEN NAME Elizabeth Hedric
14. NAME OF HUSBAND OR WIFE Homer A. Bagwell
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 Mrs. L.R. Harvel — Address 3910 Benton Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Cardiac Decompensation — 1 wk
DUE TO (c) Arteriosclerotic Hypertensive Cardiovascular Disease — 10 yrs
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 14 Dec 60, to 16 Dec 60 and last saw her/him alive on 16 Dec 60
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Glen Elliott MO
22b. ADDRESS 1102 Grand KCG Mo
22c. DATE SIGNED 18 Dec 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 19, 1960
23c. NAME OF CEMETERY OR CREMATORY Forest Hill
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Muehlebach — ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 12-18-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Dr R. [illegible]
Bryant bldg.
VI 2-6997.

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 J. T. Crow

Licensed Embalmer No 490

P. O. Address K. C. 9

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.