

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030227
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 372

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6161
2161

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4 3
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94200

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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson		Length of stay in lb 2 yrs.	c. CITY OR TOWN Jackson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 Cherry St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 318 Cherry St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bernice Middle Bagsby Last Bagsby			4. DATE OF DEATH Month August Day 22 Year 1962
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/98
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 63 Days	IF UNDER 24 HR Hours 63 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jackson, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Solomon Eulinberg	
13b. MOTHER'S MAIDEN NAME Hester Banner Berryman		14. NAME OF HUSBAND OR WIFE Eugene Bagsby	
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.	17. INFORMANT Address Ben Eulinberg, 318 Cherry, Jackson, 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) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>5-4-61</u> to <u>Aug 22, 62</u> and last saw her alive on <u>Aug 20, 62</u> Death occurred at <u>2:45</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Jaeger M.D. (Degree or title)		22b. ADDRESS Jackson, Mo	22c. DATE SIGNED Aug 23 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/24/62	23c. NAME OF CEMETERY OR CREMATORY Russell Heights Cemetery	23d. LOCATION (City, town, or county) Jackson, Missouri
24. FUNERAL DIRECTOR L. R. Sparker ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 28-62	26. REGISTRAR'S SIGNATURE Gene Kasten

USE BLACK INK OR TYPEWRITER RIBBON

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 James A Carter

Licensed Embalmer No. 4681

P. O. Address C. H. DeMa

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.