MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE. 10					
			Registration District No Primary Registration District No Registrar's No STATE FILE NUMBER		
ON THIS STUB	AMEND	ED	FILED SEP 5 1952 [2. USUAL RESIDENCE (Where deceased lived. If institution; Residence		
vs 300	الوا		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. COUNTY Howard admission of the country Howard admission		
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside L	imits	
	WE		TOWN Fayette, Missouri 14 days Town Fayette	No □	
0451	மி		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on ADDRESS		
20451			institution Jones Rest Haven Yes X No W. Davis Yes	^{No} □x	
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yo (Type or print) OF	ear	
			STEPHEN YANCEY BAGBY DEATH AUG. 28, 1962		
4 0			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UN	R 24 Hi Min.	
5 3			Male White Widowed Divorced 1 1/9/1897 65 Months Days Hours 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COL	INTRY	
6	s s		during most of working life, even if retired	,, et Ki	
7 O	FOLLOW		Clerical Bookkeeping Howard County Mo. U.S.A. I36. FATHER'S NAME I36. MOTHER'S MAIDEN NAME I36. MOTH		
انسا	1 1 1		Robert M. Bagby Lizzie B. Viley Ruth Clickner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
4	\		(Yes, ngor unknown) (If yes, nive, war os dates of service) None Elizabeth Pritchard, Washington	חת	
9420.1	ARE	⊨	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND	TWEEN	
10	_	AEN SEN	IMMEDIATE CAUSE (a) CGLUNARY Thrombosis		
11	RECORD EAD OF	DOCUMENT	Manager (1)	,	
1286-0		. 월 .	Conditions, if any, DUE TO (b)		
	H NST		which gave rise to above cause (a), stating the under-		
13/-0			lying cause last. DUE TO (c)		
1	ō		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 fermed to the terminal disease condition given in PART I (a)	90 day	
	STS	!	U Yes No U	Unknow	
	AMENDWENT		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease was term there a pregnancy in last there are pregnancy in last the pregnancy in last there are pregnancy in last there are pregnancy in last the pregnancy in last t	.)	
7	집 N		ZOc. TIME OF Hour Month, Day, Year		
¥ ō	₹ [, , ,			
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK REPLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY S STATEMENT OF THE COUNTY S TOWN OF LOCATION COUNTY S	TATE	
χ _∞ <u>~</u>	اما				
₹ 0≝	READ		21. I attended the deceased from Augus 125 to 0 m / and last saw him alive on Augus 125 to 0 m	7 62	
			Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated		
USE BLACK OR IYPEWRITER	SHOULD	Ö	22a. SIGNATURE (Degree or title) 22b. ADDRES 22c. DATE	: SIGNE	
i	1	AVIT	23a, BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	<u>, 72</u>	
	og	FIDA	REMOVAL (Specify) REMOVAL (Specify) Removal (Specify) Removal (Specify) Removal (Specify) Removal (Specify)		
	ITEM I	/ AFF	24. FUNEAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		
	E	\rac{1}{2}	Taled a. Can Fayette, Missouri 83062 Falkeine Will		
			(Licensed Embalmer's Statement on Reverse Side)		

2961: ET 875

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by me,
○	, Student Embalmer No
working under my personal supervision.	
Student	Signed Talph A. Carry
Signature of Student Embalmer	77.16
	Licensed Embalmer No. 3340
	P. O. Address Sayette, no
Note: The above MUST BE SIGNED BY THE LI with the above constitutes grounds for revocation of licen	CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply ise).

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.