

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 23

STATE FILE NUMBER 0001277

VS 300
Rev. 4/59

1 0421

2 6510

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4 1

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7 0

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9 522

10

11

12 20-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor

Length of stay in 1b
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Community Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived prior to admission)
a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Knob Noster Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
601 McPherson Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First Myrtle Middle Esther Last Bagby

4. DATE OF DEATH
Month 1 Day 29 Year 1965

5. SEX
Female

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-2-95

9. AGE (last birthday)
69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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

11. BIRTHPLACE (City and state or country)
Knob Noster, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Z. T. Kirkpatrick

13b. MOTHER'S MAIDEN NAME
Georgia Westlake

14. NAME OF HUSBAND OR WIFE
R. J. Bagby

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
R. J. Bagby Address Knob Noster, 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) Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH
5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypostatic Pneumonia

3 weeks

DUE TO (c) General Physical Debility

10 years

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.
☐ 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 12:05 a.m. p.m.
Month, Day, Year 12/27/64

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
Windsor, Missouri COUNTY STATE

21. I attended the deceased from 12/27/64 to 1/29/65 and last saw her alive on 1/26/65
Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
William J. Smith MD. (Degree or title)

22b. ADDRESS
Windsor, Missouri

22c. DATE SIGNED
1/30/65

23a. BURIAL, CREMATION, REMOVAL
Removal

23b. DATE
1-30-65

23c. NAME OF CEMETERY OR CREMATORY
Pleasant Grove

24. FUNERAL DIRECTOR
Brauninger Funeral Home, Warrensburg

25. DATE RECD. BY LOCAL REG.
Feb 3, 1965

26. REGISTRAR'S SIGNATURE
Mildred Bigum

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address 617 North Maguire
Warrensburg, Mo.

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.