

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED SEP 14 1953

BIRTH NO.		REG. DIST. NO. <u>183</u>		PRIMARY REG. DIST. NO. <u>4297</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Purdin</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Purdin</u>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Bagley</u>	
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>31</u>		(Year) <u>53</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 24, 1880</u>		9. AGE (In years, month, day) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>C</u>	
13a. FATHER'S NAME <u>Charley Ross.</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Miller</u>		14. NAME OF HUSBAND OR WIFE <u>G. T. Bagley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>G. T. Bagley</u> ADDRESS <u>Purdin</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>& decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 15</u> , 19 <u>53</u> , to <u>Aug 31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 31</u> , 19 <u>53</u> , and that death occurred at <u>8:35p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Medsker</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Browning Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 2, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grantsville</u>		24d. LOCATION (City, town, or county) (State) <u>Purdin Rural Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 12, 53</u>		REGISTRAR'S SIGNATURE <u>Elna Crook Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade funeral home</u>		ADDRESS <u>Browning</u>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Gerald I. Wade

Licensed Embalmer No. *4172*

P. O. Address

Browning

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 this body is not embalmed, fact should be so stated above.