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FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15948

State File No. **105-10**

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 242 Registrar's No. 2-1932

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) <u>Rural Benton Twp.</u>		c. CITY OR TOWN <u>Lurdon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles NE of Lurdon</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles NE of Lurdon</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u>		b. (Middle) <u>STEWART</u>	
c. (Last) <u>BAGLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-21-1872</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City, and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George R. Bagley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Armstrong</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna May</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Art Bagley, Lurdon, Missouri</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 30</u> , 19 <u>55</u> , to <u>May 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>55</u> , and that death occurred at <u>12:30 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. R. Martin</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lurdon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lurdon Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elva Crooks</u>	
25. DATE REC'D BY LOCAL REG. <u>May 24/55</u>		25. ADDRESS <u>Bethesda, Linn, Mo.</u>	

(Licensed Embalmer's Statement 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 465

P. O. Address.....

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.