

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39014

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn County</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Purdin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CLINIC <b>SMITH HOSPITAL &amp; CLINIC</b>			Length of stay in lb <b>23 hours</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Curtis</b> Last <b>Bagley</b>				4. DATE OF DEATH Month <b>November</b> Day <b>14</b> Year <b>1957</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>4-22-95</b>		
9. AGE (In years, last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>05</b> Days <b>80</b>		IF UNDER 24 HRS. Hours <b>05</b> Min. <b>80</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Linn County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13. FATHER'S NAME <b>Charles S. Bagley</b>				14. MOTHER'S MAIDEN NAME <b>Anna Hedges</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WWI</b>		17. INFORMANT <b>5705</b>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute intestinal obstruction &amp; gangrene</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>stooly undetermined</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) <b>5705</b>							INTERVAL BETWEEN ONSET AND DEATH <b>11-13-57 to 11-14-57</b>	
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 <b>Kirkville Mo</b>		COUNTY <b>Linn</b> STATE <b>Missouri</b>		
21. I attended the deceased from <b>11-13-57</b> to <b>11-14-57</b> and last saw him alive on <b>11-14-57</b> Death occurred at <b>4:50</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>J. S. Hilton, M.D.</b>				22b. ADDRESS <b>Kirkville Mo</b>		22c. DATE SIGNED <b>11-14-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-16-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>PURDIN CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>PURDIN, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>Benjamin Linneus, Missouri</b>		ADDRESS <b>Linneus, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-14-1957</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1957  
DEC 3 1957

### 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.....  
*W. B. Knight*

Licensed Embalmer No. 4657

P. O. Address *Madisonville, Tenn.*

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.