

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027745

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 384 Primary Registration District No. 3099 Registrar's No. 140

STATE FILE NUMBER

FILED JUL 18 1962

VS 300
Rev. 4/59

1 0585
2 0580
3 2
4 1
5 2
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7 1
8 2
9 334X
10
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12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BROOKFIELD</u>		Length of stay in 1b <u>2 wks</u>	c. CITY OR TOWN <u>PURDIN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McLARNY MANOR</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>-</u> Last <u>BAGLEY</u>		4. DATE OF DEATH Month <u>7</u> Day <u>10</u> Year <u>62</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-9-77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	9. AGE (last birthday) <u>85</u>
11a. FATHER'S NAME <u>WILLIAM HEDGES</u>		11b. MOTHER'S MAIDEN NAME <u>LEVINA ALLEN</u>	11. BIRTHPLACE (City and state or country) <u>(UNKNOWN) KENTUCKY</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>_____</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>	
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 female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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	COUNTY _____ STATE _____
21. I attended the deceased from <u>1959</u> to <u>1962</u> and last saw <u>her</u> alive on <u>7-9-62</u> Death occurred at <u>6:30</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B D Howell M-D</u>		22b. ADDRESS <u>Brookfield, Mo</u>	22c. DATE SIGNED <u>7-11-62</u>
23a. BURIAL, CREMATION, REMOVAL. (Specify) <u>BURIAL</u>	23b. DATE <u>7-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PURDIN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PURDIN, MISSOURI</u>
24. FUNERAL DIRECTOR <u>WRIGHT'S, LINNEUS, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-11-62</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>

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 *W. H. Knight*

Licensed Embalmer No. 4655

P. O. Address Madisonville, 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.