

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 385  
**FILED DEC 29 1964**

Primary Registration District No. 3038

Registrar's No. 34

STATE FILE NUMBER

0049115

**1. PLACE OF DEATH**

a. COUNTY

Linn

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

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Perishing Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Linn

c. CITY OR TOWN

Brookfield

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

208 Market

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

EDNA

Middle

BAGLEY

Last

4. DATE OF DEATH

Month December Day 14 Year 1964

5. SEX

Female

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/26/1879

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months 9 Days 19

IF UNDER 24 HR

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

in own home

11. BIRTHPLACE (City and state or country)

Calusa Co. California

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Stephen L. McCallum

13b. MOTHER'S MAIDEN NAME

Sarah Davis

14. NAME OF HUSBAND OR WIFE

Frank Bagley

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

Frank Bagley, Brookfield, 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)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 Days

DUE TO (b)

Chronic Emphysema

yes

DUE TO (c)

Brainstem Pathology

yes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary Heart Failure ; Renal Failure

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    a.m.    p.m.  
Month, Day, Year   

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

COUNTY

STATE

21. I attended the deceased from July 1, 1964 to Dec. 14, 1964 and last saw her alive on Dec. 13, 1964  
Death occurred at 7:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Larry D. V. 9th D.O.

22b. ADDRESS

213 Linn St.

22c. DATE SIGNED

12-15-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 16, 1964

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

Hill Funeral Home, Brookfield, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-16-64

26. REGISTRAR'S SIGNATURE

Anna Watson  
per R.D.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. \_\_\_\_\_

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.