

FILED NOV 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124 68 0045722

STATE FILE NUMBER

## CERTIFICATE OF DEATH

Registration District No. 385

Primary Registration District No. 3088

Registrar's No. 266

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. FRANK BAGLEY			2. Male	3. November 22, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 87	6. Feb. 8, 1881		7a. Linn
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Brookfield			74. Pershing Memorial Hospital		
8. Missouri		9. USA	10. Widowed		11. Surviving Spouse (If wife, give maiden name)
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 486-12-7109		13a. Retired Shoe Worker		13b. Shoe Factory	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		
14a. Missouri		14b. Linn	14c. Brookfield		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. George R. Bagley		16. Elizabeth Armstrong			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs Tressie Wild			17b. 208 Market St., Brookfield, Mo. 64628		
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		
18. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Hemia			3 wks.		
(b) Chronic Renal Insufficiency			yrs.		
(c) Nephrotic Syndrome			2 months.		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (OI)			AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			20b. NO		19b.
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20c. INJURY AT WORK (SPECIFY YES OR NO)		20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20e. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20f. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		20g. MONTH DAY YEAR TO MONTH DAY YEAR	20h. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		20i. I DID/DID NOT VIEW THE BODY AFTER DEATH.
20f. 7 6 64		20g. 11 22 68	20h. 11 22 68		20i. D.D.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. 11-25-68			21b. 4:50 P.M.		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE
22a. Larry G. Taylor			22b. [Signature]		22c. D.O.
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN
23a. 219 S. Main			23b. Brookfield		23c. Mo.
23d. 64628					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Rose Hill Cemetery		24c. Brookfield, Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
25a. November 25, 1968		25b. Hill Funeral Home 117 S. Main St., Brookfield, Mo. 64628			
FUNERAL DIRECTOR'S SIGNATURE		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25c. W. S. Baker		25d. Anna Watson		25e. 11-25-68	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 Geo. W. Havelt

Licensed Embalmer No. 4799

P. O. Address Brookfield 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.