

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **2664**

Primary Registration District No. **3016**

Registrar's No. **25822540**

STATE FILE NUMBER **25822540 0022540**

VS 300
Rev. 4/59

1 **0269**
2 **0269**
3 **2**
4 **1**
5 **2**
6
7 **0**
8 **0**
9 **21x**
10
11
12 **2-0**
13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Jefferson City	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 413 E. Capitol Avenue	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MRS. MELLA MAY BAGBY		4. DATE OF DEATH June 17, 1964	
5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-4-1873	
9. AGE (last birthday) 91		10. IF UNDER 1 YEAR Months 5 Days 13	
11. IF UNDER 24 HR Hours 13 Min.		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Cairo, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John W. Stigall		13b. MOTHER'S MAIDEN NAME Elizabeth Mountain	
14. NAME OF HUSBAND OR WIFE Dr. B. H. Bagby		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Mrs. Maurine Griggs, 413 E. Capitol, J.C., Mo.		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) Cerebral Vascular Accident DUE TO (b) Arteriosclerosis - Thrombosis DUE TO (c) Interval between onset and death 4 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 10:45 Month, Day, Year 12/8/58		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 Jefferson City	
COUNTY Cole		STATE Missouri	
21. I attended the deceased from 12/8/58 to June 17, 1964 and last saw her/him alive on June 17, 1964 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Buecher, M.D.		22b. ADDRESS 515 E. High Jefferson City, Mo.	
22c. DATE SIGNED 6/19/64		22d. LOCATION (City, town, or county) Jefferson City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 20, 1964	
23c. NAME OF CEMETERY OR CREMATORY California Cemetery		23d. LOCATION (City, town, or county) California, Missouri	
24. FUNERAL DIRECTOR Buescher Memorial, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 18 June 1964	
26. REGISTRAR'S SIGNATURE Thomas E. Richter		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmers Statement on Reverse Side)

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 Barbara J. Buescher, Student Embalmer No. 721

working under my personal supervision.

Student

Barbara J. Buescher
Signature of Student Embalmer

Signed

Vernon M. Morton

Licensed Embalmer No.

4125

P. O. Address

Levin, 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.