

FILED MAY 12 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13253

State File No. ....

No. 500  
10-48
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4384 Registrar's No. 706

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Nodaway</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u> /		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u> d. STREET ADDRESS (If rural, give location) <u>none</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>JAMES HENRY ARGO</u> a. (First) <u>JAMES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>ARGO</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4 26 49</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>5/31/69</u>	<b>9. AGE</b> (In years last birthday) <u>79</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer - retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farming</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ohio</u> /	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Thomas Argo</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Samanda Humphrey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>dec. Lavina Barrickman Argo</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Henry Argo, Burlington Jct., Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Myocarditis</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Acute Prostatitis</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>  <u>15 days</u>  <u>6 1/2 X</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from April 11, 1949, to April 25, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>M.C. Dew</u> (Degree or title)	<b>23b. ADDRESS</b> <u>D.O.H. Maitland Mo.</u>	<b>23c. DATE SIGNED</b> <u>7/26/49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>4/30/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Burr Oak</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Skidmore, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-30-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Bess Holt</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clum M. Prie</u>	<b>ADDRESS</b> <u>Maryville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*ROBERT L. SOUTER*

Student Embalmer No. *309*

working under my personal supervision

Student *Robert L. Souter*  
Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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 this body is not embalmed, fact should be so stated above.