

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22998

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

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BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5422		Registrar's No. 89			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		35			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Gargan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21-49</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 4-1869</u>	9. AGE (in years last birthday) <u>79</u>	10. MONTHS <u>10</u>	11. DAYS <u>17</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leaving</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Franklin County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Max Gargan</u>			13b. MOTHER'S MAIDEN NAME <u>Queen Esther Baker Little</u>		14. NAME OF HUSBAND OR WIFE <u>Gargan</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>2 2 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>17 July, 1949</u> to <u>21 July, 1949</u> , that I last saw the deceased alive on <u>21 July, 1949</u> , and that death occurred at <u>1:55 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James C. Baker M.D.</u>				23b. ADDRESS <u>Kennett, Mo</u>		23c. DATE SIGNED <u>20 July 49</u>			
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett (Rural) Mo.</u>				
DATE REC'D BY LOCAL REG. <u>July 29-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husban</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Leota Pearce Kennett Mo</u>					

RECEIVED AUG 6  
District Health Officer No.  
District File Number 849-795  
Date Filed \_\_\_\_\_

**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.

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Kenneth W.

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.