S. No. 300
v. 10.48

110
0
0

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

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25909

BIRTH NO. _____ REG. DIST. NO. 268 PRIMARY REG. DIST. NO. 6247 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Washington 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Johnson
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo. 000 17
d. STREET ADDRESS (If rural, give location): ~~1334~~ 1134 S. 13th St. 4 1

3. NAME OF DECEASED (Type or Print)
a. (First): Orval
b. (Middle): Lee
c. (Last): Gargus.

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10-31-1927

9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor.

11. BIRTHPLACE (State or foreign country): Augusta, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Pearl Gargus

13b. MOTHER'S MAIDEN NAME: Anna Brooks

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 496-22-8512

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Anna Gargus, 1134 S. 13th St. St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Comminuted chest fractured — INTERVAL BETWEEN ONSET AND DEATH: none.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): skull fractured left arm & left leg. burn right foot — 68
DUE TO (c): airplane — 31

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): airplane accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in woods.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Johnson, Twp. Washington, Mo. 110

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-23-49 4:40 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Airplane crash.

22. *I hereby certify that I attended the deceased from* no physician, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L. Thurman (Degree or title) Coroner M.D.

23b. ADDRESS: Potosi, Mo.

23c. DATE SIGNED: 7-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: July 27-1949

24c. NAME OF CEMETERY OR CREMATORY: Kinder

24d. LOCATION (City, town, or county) (State): Cuba (Crawford) Mo.

DATE REC'D BY LOCAL REG.: July 27-49

REGISTRAR'S SIGNATURE: [illegible] 339

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: [illegible] Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1949

AUG 23 1949

RECEIVED 8-2-49

Health Officer No. 4

Registrar's File Number 849-1032

Date Filed

AUG 5 1949

AUG 1949

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 J. A. Humphrey, Student Embalmer No. 316, working under my personal supervision.

Signed J. A. Humphrey
Student Embalmer

Signed Thos. P. Shaffer
Licensed Embalmer No. 2692
P. O. Address Sullivan 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.