

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27218

BIRTH NO.		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 3127	Registrar's No. 147
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		
c. LENGTH OF STAY (in this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 325 South Roane		
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 South Roane		d. STREET ADDRESS (If rural, give location) 325 South Roane		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Cecil		c. (Last) Hargis.
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/7/04	9. AGE (In years last birthday) 45 IF UNDER 1 YEAR: Months 1, Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture salesman		10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (State or foreign country) Webb City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Patrick Hargis.		13b. MOTHER'S MAIDEN NAME Roselthin Johnson		14. NAME OF HUSBAND OR WIFE Florence Hargis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no data		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Hargis Webb City, 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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 13 hrs. 1/20!
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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>6-13</u> , 19 <u>49</u> , to <u>8-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-30</u> , 19 <u>49</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. H. J. Hargis</u>		23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>9/2/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>9/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>				
DATE REC'D BY LOCAL REG. SEPT. 3. 1949		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedger Lewis Webb City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-7-49
Jasper County Health Office

County File Number 49-8-675

Date Filed 9-9-49

Jasper

9961 T 1100

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
Student Embalmer

Signed *Samuel J. Lewis*

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.