

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32570**  
Registrar's No. **33**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **5106**

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Cole Township</b> )	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cole Township</b> <b>0080</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 Milessouth of Cole Camp</b>		d. STREET ADDRESS (If rural, give location) <b>12 Miles South of Cole Camp</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Bargen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13th 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 23rd 1870</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardener</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Landscaping</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Henry Bargen</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Otto</b>	14. NAME OF HUSBAND OR WIFE <b>Edith Bargen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Edith Bargen</b>	ADDRESS <b>Lincoln Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Embolus</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>332X</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **10-10**, 1950, to **10-13**, 1950, that I last saw the deceased alive on **10-12**, 1950, and that death occurred at **11:13 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	2 (Degree or title)	23b. ADDRESS <b>12 Miles South of Cole Camp Mo</b>	23c. DATE SIGNED <b>10-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Oct 16th 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	24d. LOCATION (City, town, or county) (State) <b>Cole Camp Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 16, 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>394</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cole Camp Mo</b>
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(Licenses of Embalmers' Statement on Reverse Side)

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

RECEIVED 70-10  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 10-18-50

OCT 19

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 E. L. Bickhoff  
Licensed Embalmer No. 730

P. O. Address Cole Camp 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.