

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32774

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Quin, Mo. Route 1		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
c. LENGTH OF STAY (In this place) 12 yrs		d. STREET ADDRESS (If rural, give location) RFD 1 Quin, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE Gillis Bluff Twp.			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) HARRISON	c. (Last) HARGIS	4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 1, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Nashville, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James D. Hargis	13b. MOTHER'S MAIDEN NAME Mary Linvel	14. NAME OF HUSBAND OR WIFE Sarah Huffman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Sarah H Hargis	ADDRESS RFD 1, Quin, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident - Right hemiplegia -		INTERVAL BETWEEN ONSET AND DEATH 17 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) Hypertensive Cardio-Vascular disease.		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs + 498X	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Sept, 1948, to Aug 28th, 1950, that I last saw the deceased alive on Aug 24th, 1950, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wallace R. Knight	(Degree or title) 0	23b. ADDRESS Campbell, Missouri	23c. DATE SIGNED Sept 15
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Park Memorial Cem.	24d. LOCATION (City, town, or county) (State) Malden, Missouri
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DATE REC'D BY LOCAL REG. Oct 18-1950	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Wallace R. Knight	ADDRESS Malden Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 25 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-439

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malheur, 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.