

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3849**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 227

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>             |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  |
| c. LENGTH OF STAY (In this place)<br><u>20 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>119 Virginia, Street</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Smith Nursing Home</u><br><u>514 North 10th, Street</u> |  |   |  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Louella</u> b. (Middle) <u>M.</u> c. (Last) <u>Hargis</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 22, 1951</u> |   |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |  |
| 8. DATE OF BIRTH<br><u>Nov. 5, 1876</u>  |  | 9. AGE (In years last birthday)<br><u>74</u>                              |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House work</u> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Cedar Rappd, Nebraska</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Leonard Hargis</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>none</u>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Cora Heaton - St. Joseph, Missouri</u> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION                                 |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 months</u>                      |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Liver</u>  |  | DUE TO (b) <u>Carcinoma primary site undetermined</u> |  |  | Unknown  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)  |  |  | <u>1.56 E</u>  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |  | 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 Jan. 3, 1951, to 2-22, 1951, that I last saw the deceased alive on 2-29, 1951, and that death occurred at 2:15 am., from the causes and on the date stated above.

|  |  |  |  |                                    |  |
|--|--|--|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>Clement C. Castillo</u> (Degree or title) |  | 23b. ADDRESS<br><u>Schneider Bldg., St. Joseph, Missouri</u> |  | 23c. DATE SIGNED<br><u>2-26-51</u> |  |
|--|--|--|--|------------------------------------|--|

|   |  |                                   |  |   |  |  |  |
|---|--|-----------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> |  | 24b. DATE<br><u>Feb. 24, 1951</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olive Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Troy, Kansas</u> |  |
|---|--|-----------------------------------|--|---|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Mar 2, 1951</u> |  | REGISTRAR'S SIGNATURE<br><u>C. C. Castillo</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>St. Joseph Funeral Home - St. Joseph, Missouri</u> |  |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

0017

0113

750

**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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.