

FILED APR 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12518

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>53</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>1 Yr. 11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		<u>0812</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1501 Heller</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louisa</u>		b. (Middle)		c. (Last) <u>Hargis</u>			
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>12</u>		(Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 1, 1877</u>			
9. AGE (In years last birthday) <u>74</u>		# UNDER 1 YEAR Months <u>--</u> Days <u>12</u>		# UNDER 1 HR. Hours <u>--</u> Min. <u>--</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Story</u>		13b. MOTHER'S MAIDEN NAME <u>Green</u>		14. NAME OF HUSBAND OR WIFE <u>Ethan Allen Hargis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nursing Home Records,</u>				ADDRESS <u>Kolla, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis.</u>		ANTECEDENT CAUSES							
*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 (b) <u>none.</u>							
		DUE TO (c) <u>none.</u>							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>none.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						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) m.		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>May 27, 1945</u> , to <u>April 12, 1951</u> , that I last saw the deceased alive on <u>April 11, 1951</u> , and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Clidely McFarland</u> (Degree or title)				23b. ADDRESS <u>Rolla</u>				23c. DATE SIGNED <u>Apr 12, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoller</u>		380		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Rolla, Mo.</u>			

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

REC'D  
APR 18 1951

**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 \_\_\_\_\_

\_\_\_\_\_ working under my personal supervision.

Student Embalmer No. ....

Signed Paul E. Null

Signed.....  
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.