

FILED JUN 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17003

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 78	
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 town) Webb City		c. LENGTH OF STAY (In this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) rural -		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) Route 4, Carthage, Mo			
3. NAME OF DECEASED (Type or Print) AARON		a. (First)		b. (Middle) LUTHER		c. (Last) HARGIS	
4. DATE OF DEATH May 25, 1952		4. DATE (Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 24, 1885		9. AGE (In years last birthday) 66		10. MONTHS 10	
11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. law officer		10b. KIND OF BUSINESS OR INDUSTRY police work	
13a. FATHER'S NAME Abner Hargis		13b. MOTHER'S MAIDEN NAME Jane Shelton		14. NAME OF HUSBAND OR WIFE Nellie Mackey Hargis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 499-10-7710		17. INFORMANT'S SIGNATURE OR NAME Nellie Hargis, Rte 4, Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 36 Hrs ANTECEDENT CAUSES Myocarditis & Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Nephritis 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? 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 2-12, 19 52, to 5-25-52, 19 52, that I last saw the deceased alive on 5-25, 19 52, and that death occurred at 10:10 p.m., from the causes and on the date stated above.		23a. SIGNATURE J.M. Pence (Degree or title) DO		23b. ADDRESS Carterville, Mo.	
23c. DATE SIGNED 5-27-52		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	
24d. LOCATION (City, town, or county) (State) Marshfield, Missouri		DATE REC'D BY LOCAL REG. May 26-1952		REGISTRAR'S SIGNATURE Mrs. Madeline Surtyer 4940-10		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 6-2-52  
Jasper County Health Office

County File Number 52/6/406

Date Filed 6-2-52

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.