

8707

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview 0730	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Oscar	c. (Last) Argabright	4. DATE OF DEATH (Month) (Day) (Year) 2-27-1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-13-1889	9. AGE (In years last birthday) 64	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) bus-driver	10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (State or foreign country) Bluefield, West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Argabright	13b. MOTHER'S MAIDEN NAME Sarah Kennedy	14. NAME OF HUSBAND OR WIFE Clara Evan Argabright
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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) unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Evan Argabright-Fairview, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid 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 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"/>
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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) (Min.)	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 11:30 am 2/27, 1953, to 2:30 pm 2/27, 1953, that I last saw the deceased alive on 2/27, 1953, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE Fred R. Clark (Degree or title) D.O.	23b. ADDRESS Wheaton, Missouri	23c. DATE SIGNED 3/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-3-1953	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetary	24d. LOCATION (City, town, or county) (State) Fairview, Missouri
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DATE REC'D BY LOCAL REG. 3-12-53	REGISTRAR'S SIGNATURE Grace Williams	10- 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Deibest Cassville
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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 Paul D. Henbest.....

Licensed Embalmer No. 4576.....

P. O. Address Cassville, 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.