

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8434**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOCOMO, Benton TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (In this place) 3 wks		d. STREET ADDRESS (If rural, give location) 202 Cherry	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		e. FULL NAME OF HOSPITAL OR INSTITUTION X	

3. NAME OF DECEASED (Type or Print) SARAH FLORENCE CARGILL			4. DATE OF DEATH (Month) (Day) (Year) 2-27-54		
a. (First)	b. (Middle)		c. (Last)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5-6-1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9- Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) LICKING, MO., 0	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME S. H. WIGGINS		13b. MOTHER'S MAIDEN NAME MARY OWENS		14. NAME OF HUSBAND OR WIFE J. S. CARGILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOEC CARGILL, WEST PLAINS, MO	

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) Cerebral Thrombosis					3 yrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES		DUE TO (b) Cerebral Arteriosclerosis			10 yrs..
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic myocarditis			10 yrs -

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		20. AUTOPSY? 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) 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 9-18, 1953, to 2-27, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 11:15 AM from the causes and on the date stated above.

23a. SIGNATURE C. Callahan M.D. (Degree or title)		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 3-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 2-28-54		24c. NAME OF CEMETERY OR CREMATORY FOWLER	
				24d. LOCATION (City, town, or county) (State) HOCOMO, MO.,	

DATE REC'D BY LOCAL REG. 3-31-54		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO	
---	--	--	--	---	--

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

1660
1

0461
0

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

J. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Plain*

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.