S. No. 300
v. 10-48

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

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18162

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN Fulton
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Howard
c. CITY OR TOWN Fayette
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) Rural 045 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) F
c. (Last) HARGIS

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH DK Approx
9. AGE (In years last birthday) 79
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME John Pierce Harges
13b. MOTHER'S MAIDEN NAME Sarah Bradley
14. NAME OF HUSBAND OR WIFE DK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME Records State Hospt No 1 ADDRESS Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH

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. Senile dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1954, *to* June 17, 1954, *that I last saw the deceased alive on* June 17, 1954, *and that death occurred at* 8:30 *a.m. from the causes and on the date stated above.*

23a. SIGNATURE K. Jarecki (Degree or title) MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 6-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 22 1954
24c. NAME OF CEMETERY OR CREMATORY Fletcher Cem
24d. LOCATION (City, town, or county) Boone Co. (State) Missouri

DATE REC'D BY LOCAL REG. June 20-1954
REGISTRAR'S SIGNATURE Marietta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Fayette Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Edward F. Brophy

Licensed Embalmer No 455

P. O. Address Fayette Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.