

FILED JUL 12 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19793

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>2048</u>		Registrar's No. <u>173</u>		
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>			c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Market</u> <u>8140</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>No St. Addresses in Town</u> <u>8</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HATTIE</u>		b. (Middle) <u>HARRIETT</u>		c. (Last) <u>HARGIS</u>		
4. DATE OF DEATH		Month <u>July</u>		Day <u>6</u>		Year <u>1954</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>December 13, 1882</u>		
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
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 _____		11. BIRTHPLACE (State or foreign country) <u>Page County, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Harriett Birch</u>			14. NAME OF HUSBAND OR WIFE <u>Melvin Hargis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Marie Wilcox, 122-8th Clarinda, Ia</u>				
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) <u>Coronary occlusion & has Anteriodiastolic Heart</u> 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"/>		
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) _____ (Min) _____		
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>11-21</u> , 19 <u>49</u> to <u>7-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>54</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Doctor or title) <u>J. F. Audlin M.D.</u>				23b. ADDRESS <u>Bedford, Iowa.</u>		23c. DATE SIGNED <u>7/7/1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/6/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Memory Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near New Market, Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>Bears</u> <u>229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Dawson</u>		ADDRESS <u>Clarinda, Iowa.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Body was removed to Clarinda, Iowa, before embalming was done.

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

Loren Davison

Iowa Licensed Embalmer No. 3148

P. O. Address Clarinda, Iowa.

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.