

No. 300  
10. 48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 3042 State File No. 23652

23652

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5745 Registrar's No. 44

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Madison</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>  |  | c. LENGTH OF STAY (in this place)   |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mill Creek</u>   |  | d. STREET ADDRESS (If rural, give location) <u>0620 /</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>Hargiss</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July, 13, 1954</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>   | 8. DATE OF BIRTH <u>Feb. 23, 1923</u>  |
| 9. AGE (in years last birthday) <u>31</u>  |  | 10. MONTHS <u>4</u>   | 11. DAYS <u>20</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   | 11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>                   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Walter L. Hargiss</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Effie V. Ginson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, major unknown) <u>NO</u> (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Hargiss, Mill Creek, Mo.</u>       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Septicemia</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>50 hours</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u><br>DUE TO (c) <u>?</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION <u>0534</u>   |   | 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? <u>at 7:30 p.m. FA</u>   |  |
| 22. I hereby certify that I attended the deceased from <u>July 13, 1954</u> , to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 13, 1954</u> and that death occurred at <u>11 P.M.</u> m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <u>W. Blount</u> (Degree or title) <u>M.D.</u>  |  | 23b. ADDRESS <u>193 W. Main Fredericktown</u>   | 23c. DATE SIGNED <u>7/15/54</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>7/15/54</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Burnley Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>               |
| DATE REC'D BY LOCAL REG. <u>7-15-1954</u>  |  | REGISTRAR'S SIGNATURE <u>Florence Hicks '53</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u> |

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

0621

0620  
/

EMERALD COUNTY HEALTH DEPT.  
FREDERICKTOWN, MD.  
**RECEIVED**  
JUL 26 1952  
FILE No. 724-42

**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 Charles McKeety

Licensed Embalmer No. 4852

P. O. Address Fredericktown, Md

**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.