

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37052

State File No.

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1106

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission). a. STATE <u>MO</u> COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>SEYMOUR</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>R 7 D 1 MO 11 20</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>HARGUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-7-1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. LEGAL OCCUPATION (Give kind of work done during most of last year, if any) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>ABERHAM HARGUS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY AMICK</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROSA HARGUS</u> ADDRESS <u>SEYMOUR MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-20</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart Disease 10yrs</u> DUE TO (c) <u>Benign prostatic Hypertasia 10yrs</u>		
	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 <u>610 X</u>	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) (m.)	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 11-19, 1954, to 12-5, 1954, that I last saw the deceased alive on 12-5, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin M Powell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Professional Bldg. Springfield</u>	23c. DATE SIGNED <u>12-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co MO</u>
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DATE REC'D BY LOCAL REG. <u>12-9-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rafael Bergman</u> ADDRESS <u>Seymour MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 19

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..... Signature of Student Embalmer

Signed *Max L Miller*.....

Licensed Embalmer No. *470*.....

P. O. Address *Fairfax*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.