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FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18206

BIRTH NO. 34820-55 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Franklin.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before
a. STATE Missouri. b. COUNTY Franklin.

b. CITY (If outside corporate limits, write RURAL and give town) Washington.
c. LENGTH OF STAY (In this place) Life.

c. CITY OR TOWN Leslie.
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.

f. STREET ADDRESS (If rural, give location) R.R. #1. *0 3600*

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Rose c. (Last) Bargaen

4. DATE OF DEATH (Month) (Day) (Year) June 21st, 1955.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH June 14th, 1955.

9. AGE (In years last birthday) 0
If under 1 year: Months 0 Days 7
If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (City, State or Foreign Country) Washington, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Thomas Bargaen.

13b. MOTHER'S MAIDEN NAME Rosalie Julianne Nowak.

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X

16. SOCIAL SECURITY NO. None.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS August T. Bargaen Leslie, Mo. R.#1.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) ? 7630
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 6/14/55, to 6/21/55, that I last saw the deceased alive on 6/21/55, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *E. P. Pess M.D.*

23b. ADDRESS Washington Mo

23c. DATE SIGNED 6/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 23, 1955.

24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery.

24d. LOCATION (City, town, or county) (State) Clover Bottom, Mo.

DATE REC'D BY LOCAL REG. 6/22/55

REGISTRAR'S SIGNATURE *W. J. Heidmann*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *99-0 Nielberg & Voth, Inc.* Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Jerome T. Sevoboda*.....

Licensed Embalmer No. *415*.....

P. O. Address *Washington*.....

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.