

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42143
State File No. 11012
Registrar's No.

FILED JAN 6 1956

| | | | | | | | | | |
|---|--|---|-------------------------|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>11012</u> | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>MARION</u> | | | | | |
| b. CITY OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (If in place) <u>5 days</u> | | c. CITY OR TOWN <u>Salem</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO-PAC HOSPITAL</u> | | | | STREET ADDRESS (If rural, give location) <u>118 South Franklin St.</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print) | | | b. (Middle) <u>CARL</u> | | | c. (Last) <u>HARGIS</u> | | | |
| 4. DATE OF DEATH | | (Month) <u>Dec.</u> | | (Day) <u>15</u> | | (Year) <u>1955</u> | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u> | | 8. DATE OF BIRTH <u>Sep. 7, 1983</u> | | | |
| 9. AGE (In years, Months, Days) <u>72</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Ill.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William L Hargis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda England</u> | | 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>702-16-6740</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Riley Hages Salem, Ill</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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myelogenous Leucemia</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. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>2041</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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>Nov. 1, 1955</u> , to <u>Dec. 15, 1955</u> , that I last saw the deceased alive on <u>Dec. 14, 1955</u> , and that death occurred at <u>8:25 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles Brown, M.D.</u> | | | | 23b. ADDRESS <u>1755 S. Grand</u> | | 23c. DATE SIGNED <u>Dec. 15, 55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Dec 16, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>Salem - Illinois</u> | | | |
| DATE REC'D BY LOCAL REG. <u>DEC 16 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Cassidy East St. Louis, Ill</u> | | | | | |

M.F.B. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1958

AUG 27 1957

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 Not Embalmed Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kasoly

Licensed Embalmer No. 6855

P. O. Address Case School

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.