

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24544

State File No.

FILED JUL 30 1956 BIRTH NO. REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5894 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Creek Township</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>34 Nani</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is residence within limits of a city or incorporated town? Yes ☐ No ☒	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Marian</u> c. (Last) <u>Hargis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>26</u> <u>56</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>11-8-1875</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>Lash Hargis</u>		11b. MOTHER'S MAIDEN NAME <u>Matney</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ark.</u>
12. NAME OF HUSBAND OR WIFE <u>Dinah Smith</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		14. SOCIAL SECURITY NO. <u>None</u>	15. INFORMANT'S SIGNATURE OR NAME <u>Arthur Hargis</u> ADDRESS <u>34 Nani Mo.</u>
16. 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hr</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 ☐ NO ☒		4201	
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 NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>July 25, 1956</u> to <u>July 26, 1956</u> that I last saw the deceased alive on <u>July 26, 1956</u> and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>MJ Hoerman DO</u>		23b. ADDRESS <u>Gainesville Mo</u>	
23c. DATE SIGNED <u>7-26-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Martini</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Co Mo</u>
DATE REC'D BY LOCAL REG. <u>7-28-56</u>	REGISTRAR'S SIGNATURE <u>Thane Mahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Gainesville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

441 0

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.....

Licensed Embalmer No. 488

P.O. Address Greenville

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.