

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34705

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 220	
1. PLACE OF DEATH a. COUNTY <i>Linn</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>			
b. CITY OR TOWN <i>Chillicothe</i>		c. LENGTH OF STAY (in this place) <i>1 week</i>		c. CITY OR TOWN <i>Meadville</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Chillicothe City Hosp.</i>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Stella</i>		b. (Middle)		c. (Last) <i>Bargar</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>10/27/56</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>9/24/1867</i>	
9. AGE (In years last birthday) <i>89</i>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jacob D. Bargar</i>		13b. MOTHER'S MAIDEN NAME <i>Hannett Vasbinder</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Richard Sharp</i> ADDRESS <i>Meadville Mo</i>			
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) <i>Myocardial insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture of Pelvis</i> DUE TO (c) Fracture of Pelvis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Carcinoma of Descending Colon</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>6 days</i> <i>2 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9040H 21	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Meadville Linn Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>10 21 56 6 A m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fell in bathroom</i>			
22. I hereby certify that I attended the deceased from <i>May</i> , 1954, to <i>Oct. 27</i> , 1956, that I last saw the deceased alive on <i>Oct 27</i> , 1956, and that death occurred at <i>3:30 A.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>Alvin Bryson D.O.</i>				23b. ADDRESS <i>7 Wheeling, Mo.</i>		23c. DATE SIGNED <i>11-6-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/28/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Meadville</i>		24d. LOCATION (City, town, or county) (State) <i>Meadville Mo.</i>	
DATE REC'D BY LOCAL REG. <i>11/6/56</i>		REGISTRAR'S SIGNATURE <i>Francois D. Weiss</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Marion E. Mullins</i> ADDRESS <i>Meadville</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 26 1953

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 *William C. Gillison*

Licensed Embalmer No. *3957*

P. O. Address *Meridale*

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.