

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2775

FILED FEB 4 1957

318

1003

STATE FILE NUMBER

687

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Sparta</i>		81208 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>Route # 3</i>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ROY</i> Middle <i>-</i> Last <i>HARGIS</i>			4. DATE OF DEATH Month <i>1</i> Day <i>20</i> Year <i>57</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 23, 1893</i>		9. AGE (In years last birthday) <i>63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Round House Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Missouri Illinois R.R.</i>		11. BIRTHPLACE (City and state or country) <i>Sparta, Ill.</i>	
13. FATHER'S NAME <i>William Hargis</i>			14. MOTHER'S MAIDEN NAME <i>Manda Ragland</i>		
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>702-16-6745</i>		17. INFORMANT Address <i>Bessie Hargis (wife) Sparta, Ill.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>MARKED DEBILITY</i> DUE TO (b) <i>undifferentiated carcinoma of urinary bladder - gen. metastases</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>181X</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>12-31-56</i> to <i>1-20-57</i> and last saw <i>her</i> <i>him</i> alive on <i>1-20-57</i> Death occurred at <i>6:50 A. m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. F. Melick, MD</i>		22b. ADDRESS <i>534 N. Grand Ave</i>		22c. DATE SIGNED <i>1-21-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>1-21-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sparta, Ill.</i>	
24. FUNERAL DIRECTOR <i>Walker, Paul - Sparta, Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 22 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> <i>M.B.B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harvey Kable*

Licensed Embalmer No. *459*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.