THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23532
STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 255

1. PLACE OF DEATH
a. COUNTY BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHEL — Length of stay in 1b 35 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CEDAR
c. CITY OR TOWN STOCKTON — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle Last CARGILL

4. DATE OF DEATH Month 7 Day 15 Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 3-4-1887 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAWYER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) JERICO SPRINGS, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DAVE CARGILL
14. MOTHER'S MAIDEN NAME ARMILDA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address HOSPITAL RECORDS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420 1H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Metastatic Malignant Tumor - Primary Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-10-57, to 7-15-57 and last saw her/him alive on 7-15-57
Death occurred at 10:51 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ned D. Rodes (Degree or title) M.D.
22b. ADDRESS State Cancer Hosp. Columbia Mo
22c. DATE SIGNED 7-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 15 1957
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Stockton (State) Mo

24. FUNERAL DIRECTOR Parker Funeral Svc. ADDRESS Columbia
25. DATE RECD. BY LOCAL REG. July 15, 1957
26. REGISTRAR'S SIGNATURE Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.