

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25112

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Marion Township</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Route 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>Route 4 Box 138</u>		<u>0490</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMETT</u>	b. (Middle) <u>SHELTON</u>	c. (Last) <u>HARGIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 24, 1911</u>	9. AGE (In years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Aaron Luther Hargis</u>		13b. MOTHER'S MAIDEN NAME <u>Pamelia Branstetter</u>	14. NAME OF HUSBAND OR WIFE <u>Bonnie Cundiff Hargis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 2</u>		16. SOCIAL SECURITY NO. <u>569-16-9969</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.S. Hargis, Rte 4, Carthage, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE BASILAR</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CRUSH INJURY CHEST</u> DUE TO (c) <u>COMPOUND FRACT. LT. TIBIA</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9128</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>building site</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Marion Twp</u> (COUNTY) <u>Jasper</u> (STATE) <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-26-57 3:14p</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>struck by shovel while working in pit at bldg site</u>

22. I hereby certify that I attended the deceased from did not attend, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 3:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. ... coroner</u>	23b. ADDRESS <u>Natl bank bldg Joplin, Mo</u>	23c. DATE SIGNED <u>7-26-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-29-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>		

DATE REC'D BY LOCAL REG. <u>7-27-57</u>	REGISTRAR'S SIGNATURE <u>W. J. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1390

County File Number 57-2-652
Date Filed JUL 30 1957

AUG 9 1957
AUG 2 1957

OCT 17 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4450

P. O. Address Carthage

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.