

FILED JUL 30 1957

STANDARD CERTIFICATE OF DEATH

272883

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 125

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Merada-Washington</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Merada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> Length of stay in lb <u>4 yrs 1 mo 27 days</u>		d. STREET ADDRESS (If outside, give location) <u>Merada</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Guy</u> Middle <u>E</u> Last <u>Vargelder</u>			4. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1957</u>
5. SEX <u>male</u> 6. COLOR OF RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 9, 1894</u>	9. AGE (In years) <u>63</u> <u>9</u> MONTHS <u>13</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Merida - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Wesley Vargelder</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie McKay</u>	14. NAME OF HUSBAND OR WIFE <u>George McKay Vargelder</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>Yes - no war</u>	16. SOCIAL SECURITY NO. <u>497-14-8190</u>	17. INFORMANT <u>Hospital records</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac dilatation - acute -</u> <u>Gen - arterio Sclerosis -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gen - arterio Sclerosis -</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rayburn's - 4500</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>Rayburn's - 4500</u>		
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>March 1, 1956</u> to <u>July 22, 1957</u> and last saw him alive on <u>July 22, 1957</u> . Death occurred at <u>10 -</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>W.C. Bradley M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital # 3 Merada, Mo</u>	22c. DATE SIGNED <u>7-22-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 25, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BAKERS GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>BARTON CO MO</u>
24. FUNERAL DIRECTOR <u>Perry funeral home Shildes Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-25-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna B. Ferry</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

AUG 16 1957

AUG 26 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 *S. Bernard Burns* .....

Licensed Embalmer No. *41161* .....

P. O. Address *Shelton, Mo* .....

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.