

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024863

STATE FILE NUMBER

FILED AUG 4 1958

Registration District No. 57

Primary Registration District No. 5201

Registrar's No. 10

79
300
1-57

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN "Rural" DeWitt Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN "rural" 0170 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Mi. E. of Carrollton		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 14 Mi. E. of Carrollton
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
BEATRICE BARGOLD			July 26, 1958		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 31, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Marysville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Whitfield Denham	13b. MOTHER'S MAIDEN NAME Mary Todd	14. NAME OF HUSBAND OR WIFE Peter Bargold
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Connie Brody	Address Carrollton, Mo.
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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 artery disease, occlusion Arteriosclerosis and atherosclerosis nephritis, cystitis cerebral arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 4201H		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) bronchial pneumonia; and cancer of the lungs--slowly progressive		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 6-2 to 7-26-58 and last saw her alive on 7-26-58 Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James R. Keck</i> (Degree or title)	22b. ADDRESS <i>Carrollton, Mo.</i>	22c. DATE SIGNED 7-26-58
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23a. BURIAL, CREMATION/REMOVAL (Specify) Burial	23b. DATE 7/28/1958	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) DeWitt Mo.
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24. FUNERAL DIRECTOR Standley-Gibson	ADDRESS Carrollton, Mo.	25. DATE RECD. BY LOCAL REG. 7-29-1958	26. REGISTRAR'S SIGNATURE <i>Reed Koch</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every coroner, registrar, or other official who certifies a death must be licensed. All diseases in Part I must be causally related.

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 Ben W. Gibson
 Licensed Embalmer No. 2961
 P. O. Address Carolina

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 Ben W. Gibson
 Licensed Embalmer No. 2961
 P. O. Address Carolina

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.