

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037280

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY WILBAKATHELINE OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford		c. CITY OR TOWN Linn, R D	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 29 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Bernadine Herget Hargot		4. DATE OF DEATH Month Day Year Oct 31st, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 6, 1896
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Colwich, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Steffens	
13b. MOTHER'S MAIDEN NAME Anna Strumph		14. NAME OF HUSBAND OR WIFE Domnick Bernard Hargot	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 	17. INFORMANT Address Mrs. Irene Mantle . Linn, Mo. R D
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacteremiasis DUE TO (b) (Primary infection) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X			INTERVAL BETWEEN ONSET AND DEATH 18 mos
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.)	
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	
21. I attended the deceased from Aug '57 to Oct '58 and last saw her alive on Sept 5 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) Emmett P. Sugravel, M.P.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 11/3/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/4/58		23c. NAME OF CEMETERY OR CREMATORY St. George	
23d. LOCATION (City, town, or county) (State) Linn, Mo.		24. FUNERAL DIRECTOR ADDRESS Clyde Morton Linn, Mo.	
25. DATE RECD. BY LOCAL REG. Nov. 4 1958		26. REGISTRAR'S SIGNATURE Mrs. T.A. Dubrouillet	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 13 1958

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 *Wesley M. Mooton*

Licensed Embalmer No. *412*

P. O. Address *Levin*

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.