Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013679
STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY Jackson (Blue)
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8825 Lexington — Length of stay in Hospital 55 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 7000 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 8825 Lexington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle H Last ARGUBRIGHT

4. DATE OF DEATH Month 4 Day 17 Year 1959

5. SEX M

6. COLOR OR RACE W.

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 3 25 1872

9. AGE (In years last birthday) 87 — 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) Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Carpenter

11. BIRTHPLACE (City and state or country) Monook Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME George Argubright

13b. MOTHER'S MAIDEN NAME Sarah Bailey

14. NAME OF HUSBAND OR WIFE Dixie Argubright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X X X

16. SOCIAL SECURITY NO. 500 12 4327

17. INFORMANT Mrs. Dixie Argubright Address 8825 Lexington

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 OBSTRUCTION BY EMBOLI — INTERVAL BETWEEN ONSET AND DEATH 8 to 12 HR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS AND ATHEROSCLEROSIS — YEARS
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BRONCHIAL PNEUMONIA
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 YEARS and last saw her alive on MARCH 24/59
Death occurred at ~~MARCH 25~~ 1:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. L. Whittaker (Degree or title) M.D. 2
22b. ADDRESS 401 W Truman Independence, Mo
22c. DATE SIGNED 4/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-20-1959
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc **ADDRESS**
25. DATE RECD. BY LOCAL REG. 4-20-59
26. REGISTRAR'S SIGNATURE James S. Gray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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VS MAY 1 1959

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 Forrest D. Coldsm

Licensed Embalmer No. 4714

P. O. Address K. C. 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.