

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017525

STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 38

300
-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fayette, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harrisburg Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 0550 R.R. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THOMAS Middle CALEB Last HARGIS			4. DATE OF DEATH Month APRIL Day 24 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26, 1870	9. AGE (In years and birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	10b. KIND OF BUSINESS OR INDUSTRY Disciples Of Christ	11. BIRTHPLACE (City and state or country) Howard Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Harrison Hargis	13b. MOTHER'S MAIDEN NAME Catherine Rebecca Ancell	14. NAME OF HUSBAND OR WIFE Mina M. Davis
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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. 489-42-5738	17. INFORMANT Address Mrs Mina M. Hargis R.R. Harrisburg 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) <u>Adams-Stokes Syndrome</u> DUE TO (b) <u>Heart Block</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>2 yrs.</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis - nephritis -</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____ o.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
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21. I attended the deceased from <u>June 1957</u> to <u>April 24-59</u> and last saw her alive on <u>April 23-1959</u> Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. Shaw M.D.</u> (Degree or title)	22b. ADDRESS <u>Fayette, Mo.</u>	22c. DATE SIGNED <u>4-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/26/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	23d. LOCATION (City, town, or county) (State) Howard County, Mo.
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24. FUNERAL DIRECTOR <u>Ralph A. Carr</u> ADDRESS Fayette, Mo.	25. DATE RECD. BY LOCAL REG. 4-30-59	26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald L. Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Fayette, 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.