

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045600

FILED VS JAN 6 1961

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 253

INDEXED

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|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Length of stay in 1b <u>54 Years</u> | c. CITY OR TOWN <u>Kennett Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>616 King St.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>616 King St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Mae</u> Last <u>Gargus</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>25-</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR 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>6-17-1906</u> | 9. AGE (last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Bucoda Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Matt Collins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Addie (unknown) Collins</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Van Gargus</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>XX</u> | |
| 17. INFORMANT <u>Van Gargus</u> | | Address <u>Kennett Mo.</u> | | | |
| 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>Cancer of liver [metastatic]</u> DUE TO (b) <u>Diabetes -</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>Mo- 3 yo-</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 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>Nov-27-1960 to Dec-25-60</u> and last saw her <u>alive on Dec-25-60</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | | 22b. ADDRESS <u>Kennett Mo.</u> | | 22c. DATE SIGNED <u>12-27-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-26-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Lentz Service</u> | | ADDRESS <u>Kennett Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-30-1960</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

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 Edgar Lee Hove

Licensed Embalmer No. 4433

P. O. Address Kennett 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.