

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027665

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 173 Primary Registration District No. 4272 Registrar's No. 55

FILED JUL 25 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lafayette	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly	a. STATE Mo.	b. COUNTY Carroll
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		Length of stay in lb 10 Minutes	c. CITY OR TOWN DeWitt
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 mi. West of DeWitt	
3. NAME OF DECEASED (Type or print) First MAUDE Middle MAY Last BARGOLD		4. DATE OF DEATH Month July Day 17 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/1/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 78
13a. FATHER'S NAME Willis S. Henderson		13b. MOTHER'S MAIDEN NAME Frances Simpson	11. BIRTHPLACE (City and state or country) Carroll County, Mo.
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. Unknown	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT Mrs. Albert Grimes, DeWitt, Mo.		14. NAME OF HUSBAND OR WIFE Joseph B. Bargold	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA TERMINAL			1 DAY
DUE TO (b) _____			
DUE TO (c) _____			
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.
PROBABLE MALIGNANCY OF BOWEL.			<input type="checkbox"/> Yes <input checked="" 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 _____	Month, Day, Year _____		
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>7/17/62</u> to <u>7/17/62</u> and last saw him alive on <u>7/17/62</u>			
Death occurred at <u>6:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jordan Kelling MD</i> (Degree or title)		22b. ADDRESS WAVERLY, MISSOURI	22c. DATE SIGNED 7/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/19/1962	23c. NAME OF CEMETERY OR CREMATORY Pleasant Park Cemetery	23d. LOCATION (City, town, or county) Carroll County Mo.
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-62	26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

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 Carrollton, 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.