

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035529

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 12

FILED SEP 24 1962

VS 300
Rev. 4/59

1 07.30
2 07.30
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4 0
5 1
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7 1
8 0
9 4201
10
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12 90-2
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby TWP.		Length of stay in 1b years	c. CITY OR TOWN Granby TWP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Rt #2			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt #2	
3. NAME OF DECEASED (Type or print) William LeRoy Cargile			First William Middle LeRoy Last Cargile	4. DATE OF DEATH September 14, 1962	
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 4-16-1920	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (City and state or country) Wichita Falls, Texas		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME R. D. Cargile		13b. MOTHER'S MAIDEN NAME Anna Bedford		14. NAME OF HUSBAND OR WIFE Maxine Cargile	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes, Unknown) (If yes, give year or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. WW 2	17. INFORMANT Address Mrs. Maxine Cargile Granby, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs
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 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 a.m. p.m. 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 June 62 to Sept 14/62 and last saw her/him alive on Sept 14/62 . Death occurred at Home on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D.D. Fountain M.D.			22b. ADDRESS Granby, Mo.		22c. DATE SIGNED 14/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-16-1962	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial	23d. LOCATION (City, town, or county) (State) Granby, Missouri		
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Mo.		25. DATE RECD. BY LOCAL REG. Sept 15, 1962	26. REGISTRAR'S SIGNATURE M. E. Young		

OCT 2 1962

SEP 27 1962

NOV 15 1962

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 Lloyd E. Skowmicki

Licensed Embalmer No. 4923

P. O. Address Box 218 Grandy, Missouri.

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.