MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047720

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 6

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0675
2 0675r
3
4 1
5 2
6
7 0
8 2
9 153.0
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 9 1963

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston
Length of stay in 1b: 78 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Mississippi
c. CITY OR TOWN Charleston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 11th Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lillie Middle Mae Last Hargan
4. DATE OF DEATH: Month December Day 28, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/22/84
9. AGE (last birthday): 78
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Miss. County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard B. Harris
13b. MOTHER'S MAIDEN NAME: Emma Dodge
14. NAME OF HUSBAND OR WIFE: Stevephenson Hargan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Martin Carlisle, Address: Charleston, Mo

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) Ca of Calcum (Primary)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) c̄ Metastasis to bones
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: D.K.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Partial abstruction – Colostomy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
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 6/15/62, to 12/28/62 and last saw her/him alive on 12/28/62
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L. Charles Lolwing (Degree or title) M.D.
22b. ADDRESS Charleston Mo
22c. DATE SIGNED 12/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/31/62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Missouri
24. FUNERAL DIRECTOR: McMikle, ADDRESS: Charleston, Missouri
25. DATE RECD. BY LOCAL REG.: 12-31-62
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

Permit issued
12-31-62
DH

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 Bruce R. Huston

Licensed Embalmer No. 5749

P. O. Address East Prairie, 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.