

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025267

State File No.

FILED AUG 11 1958

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 851

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lonia</u> <u>0080</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>white Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>windsor community hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First)	b. (Middle) <u>LITTLETON</u>	c. (Last) <u>Argenbright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1958</u>
--	------------	------------------------------	------------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>	8. DATE OF BIRTH <u>July 6, 1867</u>	9. AGE (In years, last birthday) <u>91</u>	UNDER 1 YEAR (Months) (Days)	IF UNDER 18 RES. (Hours) (Min.)
--------------------	-------------------------------	---	--------------------------------------	--	------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>	11. BIRTHPLACE (State or foreign country) <u>versailles, mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>William H. Argenbright</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Roiter</u>	14. NAME OF HUSBAND OR WIFE <u>Sally Argenbright</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>maquet stelljes</u> ADDRESS <u>Lincoln</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>3-4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Atherosclerotic Heart Disease</u> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 7-31, 1958 to 8-6, 1958, that I last saw the deceased alive on 8-6, 1958, and that death occurred at 6:15 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Pauline M. Sherber MD</u> (Degree or title)	23b. ADDRESS <u>windsor mo</u>	23c. DATE SIGNED <u>8-7-58</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 8, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lonia Benton mo</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-7-58</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Davis & son</u> ADDRESS <u>Lincoln</u>
--	--	---

APR 17 1963

AUG 28 1958

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
Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.