

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33501

Registration District No. 201

Primary Registration District No. 4314

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Atlanta mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all her life (Specify whetherIn this community all her life
years, months or days)

3. (a) PRINT

FULL NAME Argella R. Calough3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Female 5. Color of white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife A. L. Calough 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased July 20 - 1872
(Month) (Day) (Year)8. AGE: 76 Years 3 Months 0 Days If less than one day hr. min.9. Birthplace Macon Co. Mo. 17
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business

12. Name Wm. H. Wiggans
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
14. Maiden name Jane B. Russell
15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)16. (a) Informant John Wiggans
(b) Address Atlanta mo17. (a) Burial (b) Date thereof Oct 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hefwell Cemetery18. (a) Signature of funeral director Hefwell(b) Address Atlanta mo19. (a) 10-25-48 (b) Mr. O. B. Griffin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon 101
(c) City or town Atlanta
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? MO (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1948 hour 2 minute 30 a. M.21. I hereby certify that I attended the deceased from Oct 9, 1948, to Oct 18, 1948
that I last saw him alive on Oct 18, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration Several years
HypertensionDue to Chronic Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 438

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?While at work? (Specify type of place) (e) Means of injury 923. Signature Engel D. Pleth (M. D. or other) MD
Address Atlanta Date signed 10-22-48

RECEIVED

District Health Officer No: 10

District File Number 11-48-188

Date Filed NOV 3 - 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... H M Goodling

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

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.