

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

39889

State File No.

No. 300
10.48

FILED DEC 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 394

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE 0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>123 DOVER</u>		d. STREET ADDRESS (If rural, give location) <u>123 DOVER</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First)	<u>ANDREW</u> (Middle)	<u>VARGO</u> (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4, 1952</u>
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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>DEC. 25, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD</u>	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>STEPHAN VARGO</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN LONGAS</u>	14. NAME OF HUSBAND OR WIFE <u>ALICE VARGO</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>494-05-1876</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALICE VARGO</u>	ADDRESS <u>BONNE TERRE Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease - Unknown.</u>		
	DUE TO (c) <u></u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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"/>	24. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maxwin J. Now, J. M.D.</u> (Degree or title)	23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>12-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham & Co. Bonne Terre Mo</u>	ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clarence J. Raywell*.....

Licensed Embalmer No. *3706*.....

P. O. Address *Barre Vermont*.....

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.