

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25758

State File No. _____

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4363 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u> <u>0730</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Argabright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-1953</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>8-15-1882</u>	9. AGE (In years) last birthday <u>70</u>	IF UNDER 1 YEAR: Month <u>10</u> Day <u>20</u> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Argabright</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Lura Argabright</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lura Argabright-Fairview, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pulmonary edema</u>				<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Myocardial decompensation</u>		<u>1 1/2 yrs.</u>	
		DUE TO (c) <u>Arteriosclerosis - Hypertension</u>		<u>10 years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Hemiplegia</u>		<u>6 months</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7/17, 1950, to 6/25, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>6/27/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairview, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-4-53</u>		REGISTRAR'S SIGNATURE <u>Alpha P. [Signature]</u>		369		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. E. Culver - Cassville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1953

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~753-123~~

District Health Officer ~~753-123~~

Date Filed 7-13-53

NEOSHO, MISSOURI

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.