

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22040**

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian	
c. LENGTH OF STAY (In this place) 15 years		d. STREET ADDRESS (If rural, give location) 6090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED a. (First) Charles b. (Middle) Hardaway c. (Last) Argenbright			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 8 Days 3		IF UNDER 6 MOS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) ALTONA, Stever Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME Preston Argenbright			13b. MOTHER'S MAIDEN NAME Rebecca Harrison			14. NAME OF HUSBAND OR WIFE Lena Argenbright		
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Argenbright, Garden City, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Loucheil pneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhages -						48 hrs.	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypertension, chronic nephritis						4 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **May 1929**, **July 1954**, that I last saw the deceased alive on **March 1954**, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. H. ...		23b. ADDRESS Butler Mo.		23c. DATE SIGNED 7-19-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-54		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Butler Mo.	
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DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE Mary Owens		25. FUNERAL DIRECTOR'S SIGNATURE St. Funeral Service		ADDRESS Adrian Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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..... *[Signature]*

Licensed Embalmer No. *3650*

P. O. Address *Adriano 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.