

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43485**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **3019**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Sangamon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Peace Haven Homeing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0</b>	
		e. STREET ADDRESS (If rural, give location) <b>2400 S. Walnut</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Valerie</b> b. (Middle) <b>Jean</b> c. (Last) <b>Argue</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 25, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 28, 1931</b>	9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Harold Edw. Argue</b>		13b. MOTHER'S MAIDEN NAME <b>Lucile Cornelius</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>360-24-8488</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harold E. Argue, Springfield, Ill.</b> ADDRESS <b>2400 S. Walnut</b>	

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) <b>Severe brain damage with subsequent pneumonia, suffered while she was involved in auto accident</b>		DUE TO (b) <b>she was involved in auto accident</b>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>8/61</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>26</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Near Illiopolis</b> (COUNTY) <b>Sangamon</b> (STATE) <b>Ill.</b>	

21d. TIME OF INJURY (Month) (Day) (Year) <b>Oct. 15, 1955</b> (Hour) <b>12:30</b> (A. M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Passenger in car involved in accident, removed to ambulance which was struck by truck</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold J. Williams</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>1-11-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/25/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Monroe, Wisconsin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger, Kirkwood 22, Mo.</b>		ADDRESS _____	

DATE REC'D BY LOCAL REG. <b>12-25-55</b>		REGISTRAR'S SIGNATURE <b>Berbert R. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger, Kirkwood 22, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1958 FEB 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.....  
Signature of Student Embalmer

Signed *William A. Fitzgibbon*  
Licensed Embalmer No. *413*  
P. O. Address *Kalamazoo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.