

FILED JUN 22 1956
RN-11777

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19738

State File No. _____
Registrar's No. 340

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY: Los Angeles	
b. CITY OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Los Angeles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 921 S. Vermont	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT	b. (Middle) WILLIAM	c. (Last) GARGARO	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/12/18
9. AGE (In years last birthday) 38 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mink Grower	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Garfield, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Gargaro	13b. MOTHER'S MAIDEN NAME Christine Russo	14. NAME OF HUSBAND OR WIFE Betty Gargaro
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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) yes WWII	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS _____
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute inflammation and severe edema of epiglottis, vocal cords & laryngeal ventricle ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cle of unknown etiology but suggestive for probable bacterial DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulmonary healed		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
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19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION -----	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	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 29, 1956**, to **May 29, 1956**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Lester Harwell J. Lester Harwell, M.D.	(Degree or title) D	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 6-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-2-56	24c. NAME OF CEMETERY OR CREMATORY Forrest Lawn	24d. LOCATION (City, town, or county) (State) Glendale, Calif.
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DATE REC'D BY LOCAL REG. 6/15/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 18 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

JUN 28 1956

JUL 9 1956

SEP 5 1956

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 *James W. Green* _____
Licensed Embalmer No. 296

P. O. Address *Dayton, Ohio*

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.