

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042594

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 185

FILED JAN 3 1962

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u> | | Length of stay in 1b <u>26 days</u> | c. CITY OR TOWN <u>Seligman, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hop pital #3</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>State Hospital #3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Floy</u> Middle <u>Cargile</u> Last <u>Cargile</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>24</u> Year <u>1961</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/24/1888</u> | 9. AGE (last birthday) <u>73yr.s</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u> | | 11. BIRTHPLACE (City and state or country) <u>Barry Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Isaac Cargile</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha Irvin</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara Cergile</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. <u>None</u> | | 17. INFORMANT Address <u>State Hospital Records, Nevada, Mo.</u> | | |

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|---|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| IMMEDIATE CAUSE (a) <u>Broncho-Pneumonia</u> | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | |
| | DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|---|--|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>11/29/61</u> to <u>12/24/61</u> and last saw her/him alive on _____ at <u>3:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. I viewed the remains | | | | | |

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|--|--|---|--|--|--|
| 22a. SIGNATURE (Degree or title) <u>F. B. Martin M.D.</u> | | 22b. ADDRESS <u>State Hospital #3</u> | | 22c. DATE SIGNED <u>12/24/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-27-1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Washburn Prairie Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Barry County, Missouri</u> | | 23e. ADDRESS <u>Cassville, Mo</u> | | 23f. DATE RECD. BY LOCAL REG. <u>Dec 27-1961</u> | |
| 24. FUNERAL DIRECTOR <u>Curvey</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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