

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0013692

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 41

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		c. CITY OR TOWN Seligman	
Length of stay in 1b 1 Day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Cassville Osteopathic Hospital		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sarah Middle Ellen Last Cargile		4. DATE OF DEATH Month 5 Day 1 Year 1964	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/21/1878
9. AGE (last birthday) 85		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Washburn Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Pendergraft		13b. MOTHER'S MAIDEN NAME Angeline Beashears	
14. NAME OF HUSBAND OR WIFE L.M.Cargile Seligman Missouri		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. None		17. INFORMANT L.M.Cargile Seligman Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis DUE TO (b) Cerebral anoxia DUE TO Occlusive Post. coronary thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 10 min. 10 min. 15 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Washburn Missouri		20g. COUNTY Barry	
20h. STATE Missouri		20i. DATE OF DEATH 5/1/64	
21. I attended the deceased from 10:05 P.M. to 10:05 P.M. and last saw her alive on 5/1/64		21. Death occurred at 10:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Evel R. Clark D.O.		22b. ADDRESS Box 88, Wheaton, Mo.	
22c. DATE SIGNED 5/3/64		22d. LOCATION (City, town, or county) (State) 4 Miles West of Washburn Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/4/1964	
23c. NAME OF CEMETERY OR CREMATORY Cargile Cemetery		23d. LOCATION (City, town, or county) (State) 4 Miles West of Washburn Mo.	
24. FUNERAL DIRECTOR Sisco Funeral Home Pea Ridge Arkansas		25. DATE RECD. BY LOCAL REG. 5-3-64	
26. REGISTRAR'S SIGNATURE Grace Williams		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 29 1964

Bureau Permit of Embalmer 5-2-64 H.W.

87001/1217

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 *Billy Liles*

Licensed Embalmer No. 781

P. O. Address *Ala Ridge Ark*

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.