

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0046965
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 439

FILED DEC 15 1966

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Bonne Terre

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Bonne Terre Hospital

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Francois

c. CITY
OR TOWN

Bonne Terre

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

702 E. Benham

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Anna

Middle

Eleanor

Last

Vargo

4. DATE OF DEATH

Month

Day

Year

Nov. 28, 1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/26/1887

9. AGE (last birthday)

79

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STORE OWNER

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Vallo

13b. MOTHER'S MAIDEN NAME

Anna Chesmar

14. NAME OF HUSBAND OR WIFE

Michael Vargo

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

Address

Bonne Terre, Mo.

LEONA VARGO

702 E. BENHAM ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH
3 weeks

DUE TO (b)

Severe arteriosclerosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

Diabetes mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

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, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 2-5-64 to 11-27-66 and last saw her alive on 11-27-66
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Missouri

22c. DATE SIGNED

12-6-66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/30/66

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Cemetery

23d. LOCATION (City, town, or county)

Bonne Terre, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Z. Boyer & Son-Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 6, 1966

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0941

2 0941

3

4 1

5 2

6

7 0

8 2

9 260X

10

11

12 1-0

13 1-0

DEC 16 1966

Burial Permit issued 11-30-66

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

Burlin T. Boyer

Licensed Embalmer No.

5117

P. O. Address

Bone Tent, 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.