

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15011
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>191</u>	
1. PLACE OF DEATH a. COUNTY <u>Butlar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> / <u>13</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff,</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -- Duck-creek</u> <u>2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> <u>0</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>			b. (Middle) <u>Roy</u>		c. (Last) <u>Hargraves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1949</u>
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>7</u>		8. DATE OF BIRTH <u>Dec. 11, 1900</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>		IF UNDER 1 MRS. Hours <u>5</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Shannon County, Mo.</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Chas. P. Hargraves Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah J. Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>Reena W. Hargraves</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>498-12-6689</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reena W. Hargraves Puxico, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Purpura hemorrhagica</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH <u>296x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-12</u> , 19 <u>49</u> , to <u>5-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>49</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harlin O. Hargraves, M.D.</u>				23b. ADDRESS <u>215 Oak Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>5-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-49</u>		REGISTRAR'S SIGNATURE <u>Tom H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bloyd Morgan Puxico Mo</u>			

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

This man experienced a fatal fatal
hemorrhage and pulmonary hemorrhage.

W. H. Hemmick

MAY 28 REC'D

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

549-116

5-28-49

JUN 1 4 1949

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
Student Embalmer

Signed *Ira E. Meadows*

Licensed Embalmer No. *4637*

P. O. Address *Pupico, 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 this body is not embalmed, fact should be so stated above.