

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shaffer 8464
State File No. _____

FILED MAR 27 1950

S. No. 300
V. 10.48

2460
1

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

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>4231</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		c. LENGTH OF STAY (in this place) 68 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) C. c. (Last) Hargroves			4. DATE OF DEATH (Month) (Day) (Year) 3-11-50				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 21-1880		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 18	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas J Pearson		13b. MOTHER'S MAIDEN NAME Sarah E Combs		14. NAME OF HUSBAND OR WIFE William R Hargroves			
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'S SIGNATURE OR NAME ADDRESS W R Hargroves Mtn View, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>3/19</u> , 19 <u>50</u> , to <u>3/11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/11</u> , 19 <u>50</u> , and that death occurred at <u>5:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James R Shaffer D.O.				23b. ADDRESS Mtn View Mo.		23c. DATE SIGNED 3/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/14-50		24c. NAME OF CEMETERY OR CREMATORY Chapel Hill		24d. LOCATION (City, town, or county) (State) Mtn View, Mo.	
DATE REC'D BY LOCAL REG. 3/14/50		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.			

RECEIVED

3-18-50

District Health Officer No. 5;

District File Number. 3-50194

Date Filed 3-24-50

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Joe R. Duncan

Signed.....

Student Embalmer

Licensed Embalmer No. 4325

P. O. Address Centerville, 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.