

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21592

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5827</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Trigg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden Pond</u>		<u>8160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEWEL</u>		b. (Middle) <u>D</u>		c. (Last) <u>HARGROVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 8, 1905</u>	
9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>7</u>		11. DAYS <u>24</u>		12. HOURS & MIN. <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Trigg County, Ky. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Charles Colson</u>			13b. MOTHER'S MAIDEN NAME <u>Alma Buchanan</u>			14. NAME OF HUSBAND OR WIFE <u>Samuel Hargrove</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'S SIGNATURE OR NAME ADDRESS <u>James G. Hargrove, Golden Pond, Ky</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured cerebral aneurysm</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <u>Cerebral aneurysm</u>				8-10 mo.			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>7/1/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral aneurysm</u>				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>June 24</u> , 19 <u>50</u> , to <u>July 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>50</u> , and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Eugene T. Staudley, M.D.</u> (Degree or title)				23b. ADDRESS <u>Barnes Hospital, St. Louis, Mo.</u>		23c. DATE SIGNED <u>7-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Golden Pond, Ky.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>			

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

5827
2285

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.....

Felix Howard

Signed.....
Student Embalmer

Licensed Embalmer No. *3084*

P. O. Address *Kentwood 22*

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.