

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1951

State File No. 19982

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5519</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Rich Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0420</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES.</u>		b. (Middle) <u>FREDERICK.</u>		c. (Last) <u>HARGRAVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>1861</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
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>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Near Clinton Henry Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John F. Hargrave</u>		13b. MOTHER'S MAIDEN NAME <u>Mortha McDonald</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene E. McDaniel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.P. Hargrave Rich MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronemia fore</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>				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>Aug</u> , 19 <u>40</u> , to <u>6-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-3</u> , 19 <u>51</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. Walker MD</u> (Degree or title)				23b. ADDRESS <u>Clinton MO</u>		23c. DATE SIGNED <u>6-8-51</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>June 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullins Center</u>		24d. LOCATION (City, town, or county) (State) <u>Near Rich MO</u>	
DATE REC'D BY LOCAL REG. <u>June 10 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS <u>Rich MO</u>	

0420

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

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-19-51

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.