

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37914**

No. 300  
10-48

FILED NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **368**

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau, Mo.</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>   |  | c. LENGTH OF STAY (in this place) <b>10 yrs</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>Deimund Sand Co., Cape Gir</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau, Mo. 0164</b>                                      |  |
|  |  | d. STREET ADDRESS (If rural, give location) <b>438 Rear North Spanish</b>   |  |

|  |                               |   |  |   |
|--|-------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or Print)<br><b>Paul James Hargraves</b>   | a. (First)                    | b. (Middle)   | c. (Last)  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov 19 1952</b> |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced 3</b> | 8. DATE OF BIRTH<br><b>24 Nov 1920</b>                                       | 9. AGE (In years last birthday) <b>31</b>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Worked on Boat</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Patton Tully Boat</b>               | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Campbell, Mo. U</b> |   |

|  |   |  |   |
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| 13a. FATHER'S NAME<br><b>Robert Halford Hargraves</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Ada Hayes</b>                 | 14. NAME OF HUSBAND OR WIFE<br><b>Norma Lacy (Divorced)</b>                  |   |

|  |   |  |  |
|--|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW II</b> | 16. SOCIAL SECURITY NO.<br><b>495-14-2563</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Cape Girardeau Police Dept. Cape Gir</b> | ADDRESS<br><b>Cape Girardeau Police Dept. Cape Gir</b> |
|--|---|--|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Head Almost Decapitated</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>E9128<br/>46</b>  |   |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION:<br><b>115</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>                    | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Deimund Sand Co</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Cape Girardeau Cape MO</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Nov 19 52 10:15 P.M.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>Bad Brain Paining Over him</b>                  |

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

|                                     |                                     |   |                                      |
|-------------------------------------|-------------------------------------|---|--------------------------------------|
| 23a. SIGNATURE<br><b>E.P. ... 3</b> | (Degree or title)<br><b>Coroner</b> | 23b. ADDRESS<br><b>4 - S. Pacific St Cape Gir</b> | 23c. DATE SIGNED<br><b>Nov 21-52</b> |
|-------------------------------------|-------------------------------------|---|--------------------------------------|

|  |                                 |  |   |
|--|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Nov 21 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Cent</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau Mo</b> |
|--|---------------------------------|--|---|

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>11-21-52</b> | REGISTRAR'S SIGNATURE<br><b>C. G. ... 440</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>A. A. Neenan</b> | ADDRESS<br><b>Cape Girardeau Mo</b> |
|---|---|---|-------------------------------------|

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

DEC 01 1952

JUN 26 1953

NOV 24 1952

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 *J. J. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau 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.