

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41807**

FILED DEC 4 - 1953

BIRTH NO. _____		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 3074	Registrar's No. 180
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo.		c. LENGTH OF STAY (In this place) 2 Hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp		d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) a. (First) Paula		b. (Middle) Gayle	c. (Last) Hargrove	4. DATE OF DEATH (Month) (Day) (Year) 11 19 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child 0	8. DATE OF BIRTH 8-30-1950	9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wilbur L. Hargrove		13b. MOTHER'S MAIDEN NAME Peggy Joyve Brown	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Wilbur L. Hargrove ADDRESS Morehouse, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bronchitis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
		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.		
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 11-19, 1953 , to 11-19, 1953 , that I last saw the deceased alive on 11-19, 1953 , and that death occurred at 1:25 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE J. M. Davis (Degree or title) M.D.		23b. ADDRESS Morehouse Mo.	23c. DATE SIGNED 11-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-21-53	24c. NAME OF CEMETERY OR CREMATORY TRIPLETT	24d. LOCATION (City, town, or county) (State) STODDARD Co. MO	
DATE REC'D BY LOCAL REG. 11-28-53	REGISTRAR'S SIGNATURE Mrs. O. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Weld Funeral Home - Sikeston Mo ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 30 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1153-255

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.....
Student Embalmer

Signed Raymond Jewers

Licensed Embalmer No. 3467

P. O. Address Leicester 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.