

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10758

State File No. ....

XC-17756238

REG# 115750

BIRTH NO. FILED MAR 23 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 607

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>75 DAYS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>4310 N. MARKET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLEOPHAS</b>		b. (Middle) <b>HARGROVE</b>	
c. (Last) <b>HARGROVE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-6-54</b>	
5. SEX <b>MALE</b>	6. COLOR (OR RACE) <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-11-32</b>
9. AGE (In years last birthday) <b>21 YRS</b>	f. UNDER 1 YEAR Months	g. UNDER 1 YEAR Days	h. UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>WABBESEKA, ARK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>DAVID HARGROVE</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY BARNES</b>	
14. NAME OF HUSBAND OR WIFE <b>EUNICE HARGROVE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES KOREAN CONFLICT</b>		16. SOCIAL SECURITY NO. <b>498-361-330</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>		ADDRESS	
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) <b>ADENOCARCINOMA OF COLON</b>  ANTECEDENT CAUSES DUE TO (b) <b>GENERALIZED ABDOMINAL METASTASIS</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  <b>153X</b>	
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) (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 <b>12-21</b> , 19 <b>53</b> , to <b>3-6</b> , 19 <b>54</b> , and that death occurred at <b>5:30pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>M.H. Harkins, M.D.</b> (Degree or title) <i>M.H. Harkins</i>		23b. ADDRESS <b>M.D. VET. ADM. HOSPITAL, JEFF. BRKS., MO.</b>	
23c. DATE SIGNED <b>3-7-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 14, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks Mo</b>
DATE REC'D BY LOCAL REG. <b>3/9/54</b>	REGISTRAR'S SIGNATURE <i>Heather K. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heather K. Smith</i> ADDRESS <b>4247 N. Kabadie</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....  
Signature of Student Embalmer

Signed *Samuel W. Woodson*

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

**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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.