No. 300
10-48

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18475

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (In this place): 6Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2 Box # 52

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Independent)
d. STREET ADDRESS (If rural, give location): Route #2 Box # 52

3. NAME OF DECEASED (Type or Print)
a. (First): WESLEY
b. (Middle):
c. (Last): HARTGROVES

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3, 1909
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months: 3 Days: 22 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Walnut Ridge, Arkansas
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Tom Hartgroves
13b. MOTHER'S MAIDEN NAME: Bea Edderidge
14. NAME OF HUSBAND OR WIFE: Elsie Hartgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Elsie Hartgrove, Kennett, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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.
Bronchial asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4343
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1954, *to* June, 1954, *that I last saw the deceased alive on* June 22, 1954, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester R. Peck M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: July 1

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/26/54
24c. NAME OF CEMETERY OR CREMATORY: Ely Cemetery
24d. LOCATION (City, town, or county) (State): Kennett Mo.

DATE REC'D BY LOCAL REG.: 7-2-54
REGISTRAR'S SIGNATURE: Earl Hudson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heath Funeral Home, Paragould, Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED Dr. Peck DUNKLIN COUNTY HEA

DEPARTMENT 7-8-53

COUNTY FILE NUMBER 75Y-

OCT 18 1951

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 Herman R. DeFriese

Licensed Embalmer No. 965

P. O. Address .....

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.