

FILED MAY 20 1955

STANDARD CERTIFICATE OF DEATH

17426

State File No.

BIRTH NO. 41349-55 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. LENGTH OF STAY (In this place) <u>1000</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>MOSEBACH CLINIC</u>		e. STREET ADDRESS (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u>	b. (Middle) <u>HARGROVE</u>	c. (Last) <u>CHAFFEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>MAY 7-1955</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>6</u> Min. <u>1/2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHAFFEE</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>ROBERT C HARGROVE</u>	13b. MOTHER'S MAIDEN NAME <u>HAZEL BURTON</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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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 <u>Mrs Ethel Burton-Vanduser</u>	ADDRESS <u>Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY</u> DUE TO (c) <u>PLACENTAL SEPARATION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 5-7, 1955, to 5-7, 1955, that I last saw the deceased alive on 5-7, 1955 and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>	23b. ADDRESS <u>Chaffee, Mo.</u>	23c. DATE SIGNED <u>5-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>May 8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Vanduser Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-12-55</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Bradley</u>	445	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Ethel Burton-Vanduser</u>	ADDRESS <u>Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAY 16 1955

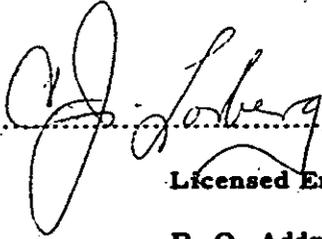
SCOTT CO. HEALTH DEPT.

CO. FILE No. 555-102

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 .....
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau

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.