

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22169

2749

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2749</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Stevens</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City mo</u>		c. LENGTH OF STAY (in this place) <u>7-wks</u>		c. CITY OR TOWN <u>Hugoton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>815 g</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Eunice Jane Hargrove</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 28 55</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7/29/95</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Newton, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Albert Apsley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Monroe</u>			14. NAME OF HUSBAND OR WIFE <u>Malcolm F. Hargrove</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Malcolm F. Hargrove Hugoton, Ks</u>			
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) <u>Acute Myocardial Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerotic Hypertension</u> <u>5 yrs</u> DUE TO (c) <u>Diabetes, Hypertension, unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260 X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>5/11</u> , 19 <u>55</u> , to <u>6/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>55</u> , and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Robert C. McClanahan</u>				23b. ADDRESS <u>820 Professional Bldg</u>		23c. DATE SIGNED <u>6/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hugoton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hugoton, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-28-55</u>		REGISTRAR'S SIGNATURE <u>newa minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gen. F. Porter & Sons K.S. Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert C. McClanahan M.D.

MAY 17 1957

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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.....
Howard L. Porter

Licensed Embalmer No. 375
P. O. Address 19th & M. St.
K.S. Ks.

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.