

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30532

STATE FILE NUMBER

FILED SEP 6 1957

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 151

|   |                                   |   |   |   |   |
|---|-----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Scott</b>   |                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Sikeston</b>   |                                   | Inside Limits<br>Yes* No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <b>Cape Girardeau</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Community Hospital</b>   |                                   | Length of stay in lb<br><b>1 day</b>  | d. STREET<br>ADDRESS <b>533 S. Middle</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Robert</b> Middle <b>Halford</b> Last <b>Hargraves</b>  |                                   |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>27</b> Year <b>1957</b>  |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 26, 1878</b>  | 9. AGE (In years last birthday)<br><b>79</b>                                | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Store Worker</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Dunklin County, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                                       |
| 13. FATHER'S NAME<br><b>Hargraves</b>   |                                   |   | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Isater</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><b>Mrs. Herbert Lipps Cape Girardeau, Mo.</b>   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b><br>DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b><br>DUE TO (c) <b>4201</b><br>Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  |   |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                                   |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE  |
| 21. I attended the deceased from <u>8-26-57</u> to <u>8-27-57</u> and last saw her alive on <u>8-27-57</u><br>Death occurred at <u>10:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.   |                                   |   |   |   |   |
| 22a. SIGNATURE<br><i>Alfred B. Barger MD</i> (Degree or title)  |                                   |   | 22b. ADDRESS<br><i>Sikeston, Mo.</i>  |   | 22c. DATE SIGNED<br><i>8-29-57</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Aug. 29, 1957</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Cape Co. Memorial Park</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau, Mo.</b> |   |
| 24. FUNERAL DIRECTOR<br><b>Ford &amp; Sons</b>  |                                   | ADDRESS<br><b>Cape Girardeau Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-28-57</b>                              | 26. REGISTRAR'S SIGNATURE<br><i>Mrs. Ella Hunter</i>                                  |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
00-56  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED SFP 3 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 957-190

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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..... W. H. Ester

Licensed Embalmer No. 35

P. O. Address Cape H

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.