

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2544

STATE FILE NUMBER

FILED FEB 11 1958

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 38

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Bismarck</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) <u>0940</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Length of stay in lb <u>19 Mo's.</u> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>BENNETT</u> Middle <u>FRANCIS</u> Last <u>HARGROVE</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>3</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 17, 1890</u> | 9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Bennett F. Hargrove</u> | | | 14. MOTHER'S MAIDEN NAME <u>Amelia Doehrmme</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WW 1 WW 2</u> | | 16. SOCIAL SECURITY NO. <u>494-07-7357</u> | 17. INFORMANT Address <u>Mrs. Pheba J. Hargrove Bismarck, Mo</u> | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u> |
| DUE TO (b) <u>Acute and Chronic Coronary Thrombosis</u> | | Years <u></u> |
| DUE TO (c) <u>Arteriosclerosis</u> | | Years <u></u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |

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| 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.) <u>4201</u> | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 Feb. 3, 1958 to Feb. 3, 1958 and last saw ^{her}him alive on D.O.A.
Death occurred at 8:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>R. A. Mendigata D.O.</u> | 22b. ADDRESS <u>Bismarck, Missouri</u> | 22c. DATE SIGNED <u>2-3-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-5-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks National Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Shipman & Sons Bismarck, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb. 3, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> |
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OCT 16 1958

FEB 19 1958

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 *John N. Shipman*
Licensed Embalmer No. 488
P. O. Address Bismarck, M

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.