Health, Welfare Public Service

300
3-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012842
STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clarkton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home-City — Length of stay in 1b: 19 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Clarkton 0 3 5 C — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BENJAMIN Middle: RALPH Last: HARGROVE

4. DATE OF DEATH Month: APRIL Day: 21 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 1

8. DATE OF BIRTH: Feb. 13, 1882

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Frisco Agent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): North Vernon, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Benjamin F. Hargrove

13b. MOTHER'S MAIDEN NAME: Cynthia M. Stearns

14. NAME OF HUSBAND OR WIFE: Ava Hargrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Sp. Am. War

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: Mrs. B. R. Hargrove, Clarkton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary edema	1 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonia	7 da
DUE TO (c)	Emphysema	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 71

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Apr. 14, 1959, to Apr. 21, 1959 and last saw her/him alive on Apr. 19, 1959
Death occurred at 4:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Kneibert M.D.

22b. ADDRESS: Poplar Bluff Mo.

22c. DATE SIGNED: 4/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 23, 1959

23c. NAME OF CEMETERY OR CREMATORY: Morley Cemetery

23d. LOCATION (City, town, or county) (State): Morley, Missouri

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo.

25. DATE RECD. BY LOCAL REG.: 4-27-59

26. REGISTRAR'S SIGNATURE: J. R. Scheuman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER .....

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

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.