URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-038929
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 128

ENDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLarney Conv. Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Caroline Middle May Last Hargadine
4. DATE OF DEATH Month Nov. Day 2 Year 1960
5. SEX F
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept 10 1870
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months 1 Days 22 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Osage Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Franklin Smith
13b. MOTHER'S MAIDEN NAME Alvernia Atkenson
14. NAME OF HUSBAND OR WIFE S.E. Hargadine
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 Address

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) | Myocarditis chronic | 6 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerosis | 15 yrs |
| DUE TO (c) | Hypertension | 2 yrs |

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1959 Dec, to 2-2-1960 and last saw her alive on 4/2/60
Death occurred at 11/2/60 = 7:50 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.B. Simpson DO
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 11-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 4 1960
23c. NAME OF CEMETERY OR CREMATORY Rose Hill
23d. LOCATION (City, town, or county) (State) Brookfield Mo.

24. FUNERAL DIRECTOR ADDRESS H. Ives Bowden
25. DATE RECD. BY LOCAL REG. 11-4-60
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 22 1960 NOV 17 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Homer L Bowden

Signature of Student Embalmer

Licensed Embalmer No. 3295

P. O. Address Brookfield

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