

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032374  
STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 23

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Campbell</b>		c. CITY OR TOWN <b>Campbell</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Baptist Home</b>		d. STREET ADDRESS (If outside, give location) <b>General Baptist Home</b>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HARGRAVES</b> Last <b>HARGRAVES</b>			4. DATE OF DEATH Month <b>September</b> Day <b>20</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-23-1875</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>	11. BIRTHPLACE (City and state or country) <b>Jonesboro, Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James Hargraves</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Watkins</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Z. D. Hargraves Noblesville, Ind.</b> Address <b>Rt. 2</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Endarteritis obliterans &amp; gangrene L. Foot</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
DUE TO (b) <b>Generalize arteriosclerosis C.V. Disease</b>		<b>? years</b>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>General ankylosing osteoarthritis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 11/29/55 to 9/18/61 and last saw him alive on 9/18/61  
Death occurred at 3:15 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wallace A. Belsey M.D.</b>		22b. ADDRESS <b>Campbell, Mo.</b>		22c. DATE SIGNED <b>9/25/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-22-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>	23d. LOCATION (City, town, or county) <b>Campbell, Missouri</b>	
24. FUNERAL DIRECTOR <b>Russell-Ermert Corning, Ark.</b>		25. DATE RECD. BY LOCAL REG. <b>9-26-1961</b>	26. REGISTRAR'S SIGNATURE <b>Max Belsey</b>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Richard O. Somers

Licensed Embalmer No. 482

P. O. Address Corning, NY

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.