MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-024028
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0720
2 0720
3
4 0
5 0
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7 0
8 0
9 9190
10 19
11 072
12 90.3
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 19

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Portage Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Vernon Middle: Lynn Last: Hargrove
4. DATE OF DEATH: Month: June Day: 22 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/16/1959
9. AGE (last birthday): 3
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (City and state or country): St Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Billy Hargrove
13b. MOTHER'S MAIDEN NAME: Imogene Madden
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): xx (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: xx
17. INFORMANT: Billy Hargrove Address: Portageville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun shot wound left Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) by Brother (age 6).
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.) Gunshot in left chest direct to heart
20c. TIME OF INJURY: Hour 1:30 p.m. Month, Day, Year 6/22/62
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 Acting in place of Coroner and last saw her/him alive on (Never)
Death occurred at Instant Dr 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lone Wright M.D. (Degree or title)
22b. ADDRESS: Portageville Mo
22c. DATE SIGNED: 6/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/24/1962
23c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery
23d. LOCATION (City, town, or county) (State): Portageville Missouri

24. FUNERAL DIRECTOR: DeLisle Funeral Home ADDRESS: Portageville, Mo.
25. DATE RECD. BY LOCAL REG.: 7.2.1962
26. REGISTRAR'S SIGNATURE: Ellen D Milam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Submitted June 22, 1962
Signed & Returned June 23, 1962

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 Joseph A. DeLish

Licensed Embalmer No. 4481

P. O. Address Portsmouth 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.