

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033389

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1962

1. PLACE OF DEATH a. COUNTY <u>Shelby</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbyville</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u> c. CITY OR TOWN <u>Shelbyville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lula Mae Hargrove</u>		4. DATE OF DEATH Month Day Year <u>August 25, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1882</u>
9. AGE (last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Shelby county</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Christian Hehr</u>	
13b. MOTHER'S MAIDEN NAME <u>Christeen Kachler</u>		14. NAME OF HUSBAND OR WIFE Address <u>Paul Hargrove, Shelbyville, Mo</u>	
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		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>Cerebral thrombosis</u> DUE TO (b) <u>arterio-sclerosis, malnutrition</u> DUE TO (c) <u>acute chronic glomerular nephritis</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>April 1962</u> to <u>Aug 25, 1962</u> and last saw her alive on <u>Aug 25, 1962</u> Death occurred at <u>9:45 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Bladys Bauer DO</u>		22b. ADDRESS <u>Shelbyville Mo.</u>	
22c. DATE SIGNED <u>Aug 27, 1962</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-27-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Shelbyville, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Greening Shelbyville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>August 27, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Margaret Simpson</u>	

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

VS 300 Rev. 4/59
 11020
 2 1020
 3
 4 1
 5 3
 6
 7 0
 8 0
 9 592X
 10
 11
 12 90-2
 13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1962

Issued Permit 8-27-62 - 7th

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 Charles C. Thomas

Licensed Embalmer No. 4625

P. O. Address Chesapeake

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.