

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24283

State File No.

FILED JUL 21 1952

BIRTH NO.

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 4217

Registrar's No. 47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

1. PLACE OF DEATH a. COUNTY HENRY.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wich 0427		d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Wich MO.					
3. NAME OF DECEASED (Type or Print) a. (First) EUGENIE ELENOR b. (Middle) HARGRAVE c. (Last) HARGRAVE			4. DATE OF DEATH (Month) (Day) (Year) 7 12 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. PREVIOUS MARRIAGE WIDOWED	8. DATE OF BIRTH FEB 14 1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House w/HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SALINE COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES R. McDANIEL		13b. MOTHER'S MAIDEN NAME Sara Jane WARREN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME McDaniel Hargrave ADDRESS Wich MO		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLUS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from JAN 1950 , to JULY 12 1952 , that I last saw the deceased alive on JULY 10, 1952 , and that death occurred at 11 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, MO		23c. DATE SIGNED 13 July 1952	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) 14-1952	24b. DATE 14-1952	24c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE	24d. LOCATION (City, town, or county) (State) near Wich MO		
DATE REC'D BY LOCAL REG July-14-52	REGISTRAR'S SIGNATURE Florence Adair W. J. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Wich MO ADDRESS		

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
Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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 licensè.)

If this body is not embalmed, fact should be so stated above.