

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24458**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6032** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>		
b. CITY OR TOWN <b>RURAL - DANIPHAN</b>		c. LENGTH OF STAY (in this place) <b>10 YEARS</b>	c. CITY OR TOWN <b>RURAL - DANIPHAN</b>		d. STREET ADDRESS (If rural, give location) <b>2 M. South of Daniphan</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 M. South of Daniphan</b>			d. STREET ADDRESS (If rural, give location) <b>2 M. South of Daniphan</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALVIN</b> b. (Middle) <b>LEE</b> c. (Last) <b>HAGOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-2-1949</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8-17-1886</b>	9. AGE (in years last birthday) <b>62</b>	10. UNDER 1 YEAR <b>10</b> 11. UNDER 15 HOURS <b>15</b> 12. UNDER 15 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>E. H. HAYGOOD</b>		13b. MOTHER'S MAIDEN NAME <b>Alice NATION</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA HAYGOOD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes 1905</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Burlison - Daniphan Mo.</b> ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Cerebral Sclerosis</b>  <b>DUE TO (c) Parkinson Disease; 4 yrs.</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>10</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 <b>July 2, 1949</b> , to _____, 19____, that I last saw the deceased alive on <b>7-2-</b> , 1949, and that death occurred at <b>9:45</b> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Edw. Edwards</b> (Degree or title)			23b. ADDRESS <b>Daniphan, Mo.</b>		23c. DATE SIGNED <b>7-5-49</b>
24a. BURIAL / CREMATION / REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-5-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Daniphan Cemetery</b>	24d. LOCATION (City, town, or county) <b>Daniphan Mo.</b>		(State)
DATE REC'D BY LOCAL REG. <b>7-7-49</b>	REGISTRAR'S SIGNATURE <b>E. B. Johnston</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. Edwards</b> ADDRESS <b>Daniphan Mo.</b>		

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

AUG 2 9 1949

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RECEIVED 8-6-49  
District Health Officer No. 5,  
District File Number 849564  
Date Filed 8-8-49

AUG 1 1949

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Carl B. Bird  
Licensed Embalmer No. 4306  
P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.