

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43981

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BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6265 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN (If outside corporate limits, write BURAL and give township) <u>Rural Rodgersville, Mo. Just off Highway 60</u>		c. CITY OR TOWN (If outside corporate limits, write BURAL and give township) <u>Marshfield</u> 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>City Limits</u> 1120	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HAGGARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 - 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 27, 1931</u>
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co. Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hubert Haggard</u>		13b. MOTHER'S MAIDEN NAME <u>Ethyl Henderickson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>494-34-5388</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Haggard</u> ADDRESS <u>Marshfield Mo.</u>	
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) <u>Gun shot in head</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>accidentally self-inflicted</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21a. 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) <u>Oct 27 - 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>112</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>H. K. Kelley coroner 3</u>		23b. ADDRESS <u>Farmland mo.</u>	
23c. DATE SIGNED <u>Jan 6 - 50</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>1/10/50</u>	
REGISTRAR'S SIGNATURE <u>J. H. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce</u> ADDRESS <u>Marshfield, Mo.</u>	

RECEIVED JAN 16 1950

District Health Office No. 6,

District File Number 150-97

Date Filed 1-19-50

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. 352

working under my personal supervision.

Signed Norman L. Thompson.....
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshall, 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.