

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1690

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 353

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lin n</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>324 E Howell</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Förrest</u> b. (Middle) <u>King</u> c. (Last) <u>Haddock</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1950</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Oct, 4 1878</u> |
| 9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR <u>2</u> Months <u>29</u> Days IF UNDER 12 HRS. Hours <u>0</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad (retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>no</u> | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> |
| | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Eva Haddock</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>709-16-6007</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Haddock Marceline 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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 <u>4 20!</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>1-3</u> , 19 <u>50</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>Marceline Mo.</u> | 23c. DATE SIGNED <u>1-6-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Jan. 7 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Jan 4, 1950</u> | REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Daugherty Marceline Mo.</u> | |

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

1581

1581

(Licensed Embalmer's Statement on Reverse Side)

FFB 6. 1950

DEC 28 1950
MAY 8



JUN 28 1961

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 _____

no

Student Embalmer No. *no*

working under my personal supervision.

no

Student _____
Student Embalmer

Signed *Francis Lee Schaberg*

Licensed Embalmer No. *4513*

P. O. Address *Marceline 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.