

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12585

No. 300
10.48

126

PRIMARY REG. DIST. NO. 2000 Registrar's No. 379

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE				
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SPRINGFIELD RURAL - 0394		d. STREET ADDRESS (If rural, give location) 1118 N. STREET		
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) MORRIS c. (Last) HADDOCK			4. DATE OF DEATH (Month) (Day) (Year) 4 21 50					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-4-1883		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME Jesse Haddock		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ANNA CHRISTINA HADDOCK				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Rm Haddock - 326 N Park - City 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis - Hypertensive - 3 to 4 years duration DUE TO (c) CARDIO-VASCULAR DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 7 days 4200	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <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) (Min.)		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 4-16 , 1950, to 4-21 , 1950, that I last saw the deceased alive on 4-21 , 1950, and that death occurred at 5:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. F. Youell M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4-21-1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 24-50	24c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY		24d. LOCATION (City, town, or county) (State) MT GROVE MISSOURI				
DATE REC'D BY LOCAL REG. 4-22-50	REGISTRAR'S SIGNATURE NE Landry			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & Co. Spfld. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.