

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29316

State File No.

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Wayne 11/0</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Silva (St. Frances)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silva 11/0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Haggett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1951</u>		
5. SEX <u>Mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 6 1895</u>	9. AGE (In years) (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wayne Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>
13a. FATHER'S NAME <u>James Haggett</u>		13b. MOTHER'S MAIDEN NAME <u>Edie Haggett</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Haggett</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>William Haggett Patterson</u> ADDRESS <u>Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</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) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	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)	<u>4/201</u>
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 Jan, 1952, to Aug 20, 1951, that I last saw the deceased alive on 8-22, 1951, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Adam F. Wagner, M.D.</u>		23b. ADDRESS <u>Greenwell Mo</u>		23c. DATE SIGNED <u>8-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 27-31</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockwell</u>	24d. LOCATION (City, town, or county) (State) <u>Wayne (St. Frances) Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 1st 51</u>	REGISTRAR'S SIGNATURE <u>Mabel Beasley</u> 341	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coker</u> ADDRESS <u>Piedmont Mo.</u>			

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

RECEIVED

SEP 4 1951

WAYNE CO. HEALTH CENTER

FILE No. 951-54

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SEP 13 1951

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, V.

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.