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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36852

State File No.

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4125 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Hammersville</u>	c. LENGTH OF STAY (in this place) <u>60 years</u>	c. CITY OR TOWN <u>Hammersville 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MALISSA.</u> b. (Middle) <u>JANE.</u> c. (Last) <u>HAGGARD.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/17/1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/17 1872</u>	9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>79 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greenville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jim Rich</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Haggard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Shipman</u> ADDRESS <u>Hammersville 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTRY) (STATE) <u>Hammersville Franklin MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4222</u>

22. I hereby certify that I attended the deceased from 8/20, 1951, to 11/17/51, 1951, that I last saw the deceased alive on 8/20, 1951, and that death occurred at 10:49 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.M. Hamilton MD</u> (Degree or title)	23b. ADDRESS <u>Hammersville MO</u>	23c. DATE SIGNED <u>11/19/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11/19/1951</u>	24b. DATE <u>11/19/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville</u>
	24d. LOCATION (City, town, or county) (State) <u>Hammersville MO</u>	

DATE REC'D BY LOCAL REG. <u>11-24-51</u>	REGISTRAR'S SIGNATURE <u>Bertha Kenschow</u> 186	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Emerson</u> ADDRESS <u>Jambana Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT H-29-51

COUNTY FILE NUMBER 1151-333

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 Mr. T. Esmerin

Licensed Embalmer No. 958

P. O. Address Jamesboro

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.