S. No. 300
v. 10.48

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

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24099

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 17

361

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): north washington ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union 0361
d. STREET ADDRESS (If rural, give location): North washington ave

3. NAME OF DECEASED (Type or Print)
a. (First): Zach
b. (Middle): Taylor
c. (Last): Haddox

4. DATE OF DEATH (Month) (Day) (Year): July 22nd 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 6th 1875
9. AGE (In years at last birthday): 77
IF UNDER 1 YEAR: Months 4 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): Bromley Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George H. Haddox
13b. MOTHER'S MAIDEN NAME: Ludema Phillips
14. NAME ~~OF HUSBAND~~ OR WIFE: Virgina L. Haddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-28-8840
17. INFORMANT'S SIGNATURE OR NAME: Ben Haddox
ADDRESS: Union, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure
Left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (arteriosclerosis / myocardial degeneration) — 5 years
DUE TO (c) Obesity, in part — 50 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 June, 1952, *to* 22nd July 1952, *that I last saw the deceased alive on* 21st July, 1952, *and that death occurred at* 12:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. Richardson, M.D.
23b. ADDRESS: Union, Mo
23c. DATE SIGNED: 23 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/24/52
24c. NAME OF CEMETERY OR CREMATORY: Union
24d. LOCATION (City, town, or county) (State): Union, Mo.

DATE REC'D BY LOCAL REG.: July 24 1952
REGISTRAR'S SIGNATURE: J. T. Cooper
25. FUNERAL DIRECTOR'S SIGNATURE: E. F. Oltmann
ADDRESS: Union, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 E. A. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union, 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.

No. 300
10 48

JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24099

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 17

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c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): north washington ave

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a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union
d. STREET ADDRESS (If rural, give location): North washington ave

3 NAME OF DECEASED (Type or Print): a. (First) Zachary b. (Middle) Taylor c. (Last) Haddot
4 DATE OF DEATH (Month) (Day) (Year): July 22nd 1952
5. SEX: male
6. COLOR OR RACE: white
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9. AGE (In years last birthday): 77 If under 1 year: Months 4 Days 16 If under 24 hrs.: Hours Min.
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10b. KIND OF BUSINESS OR INDUSTRY: wafebhoupy the Factory
11. BIRTHPLACE (State or foreign country): Bromley Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jerry H. Haddot
13b. MOTHER'S MAIDEN NAME: Ludema Phillips
14. NAME OF HUSBAND OR WIFE: Virgina L. Haddot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-28-8840
17. INFORMANT'S SIGNATURE OR NAME: Ben Haddot ADDRESS: Union, Mo.

Van Buren Haddox

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Enter only one cause per line for (a), (b), and (c).

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — Interval between onset and death: 1 month
Left Ventricular Failure

ANTECEDENT CAUSES
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DUE TO (b) (Arteriosclerosis Myocardial degeneration) — 5 years
DUE TO (c) Obesity in part — 30 years

II. OTHER SIGNIFICANT CONDITIONS
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Items #3 & 13 corr. by aff. from Informant - 6-16-76