

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25779

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 State File No. 4372 Registrar's No. 148

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY NODAWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY | |
| b. CITY OR TOWN MARYVILLE | | c. CITY OR TOWN BURLINGTON JUNCTION | |
| c. LENGTH OF STAY (In this place) 60 DA | | d. STREET ADDRESS (If rural, give location) NONE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCES HOSP | | 0740 | |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) CLELLA b. (Middle) (NONE) c. (Last) HAGGY | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 24 1953 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH SEPT. 13, 1897 | 9. AGE (In years last birthday) 55 | 10. Months 10 Days 11 Hours 11 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (State or foreign country) BURLINGTON JCT Mo | |
| 12. CITIZEN OF WHAT COUNTRY US | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME JAMES HEADRICK | | 13b. MOTHER'S MAIDEN NAME BEUNAVISTA PALMER | | 14. NAME OF HUSBAND OR WIFE VIRGIL HAGGY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGIL HAGGY BURLINGTON JCT Mo | |

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|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung | | DUPLICATE | | | 3 | |
| *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. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertension | | | | |
| | | DUPLICATE | | | | |
| | | III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. | | | | |

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|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 163X | | | 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 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 **Feb 2, 1953**, to **July 24, 1953**, that I last saw the deceased alive on **July 24, 1953**, and that death occurred at **12:10P.m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE B. B. Sherrill (Degree or title) | | 23b. ADDRESS W. D. Maryville Mo | | 23c. DATE SIGNED 7-27-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 7-26-1953 | | 24c. NAME OF CEMETERY OR CREMATORY OHIO | |
| 24d. LOCATION (City, town, or county) (State) BURLINGTON JCT Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Ruel Jct Mo | | | |
| DATE REC'D BY LOCAL REG. 8-6-53 | | REGISTRAR'S SIGNATURE Bess Hult 1229 | | | |

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

1 MAR 2 1958

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.....

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 2965

P. O. Address Burlington, Ill.

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.