

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8408

State File No.

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Heckery</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Heckery</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend</u> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Village</u>		d. STREET ADDRESS (If rural, give location) <u>Village</u>	

3. NAME OF DECEASED (First) (Middle) (Last) <u>Mary Ann Haggard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 18 1954</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Oct 16 1873</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR <u>5</u>	MONTHS <u>5</u>	DAY <u>2</u>	# UNDER 1 HR. <u></u>	MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Heckery Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>W. J. Cowden</u>		13b. MOTHER'S MAIDEN NAME <u>Bella Pitts</u>		14. NAME OF HUSBAND OR WIFE <u>Bartie Haggard</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Cowden</u> ADDRESS <u>Collins Mo</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>↑</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Thrombosis</u>		
	DUE TO (c) <u>Broken Hip of Throat</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>097</u> (STATE)
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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?
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22. I hereby certify that I attended the deceased from Feb. 15, 1954 to March 18, 1954 and that I last saw the deceased alive on March 18, 1954 and that death occurred at 4:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. R. Easton</u> <u>2nd Lt.</u>	23b. ADDRESS <u>Heublein Mo</u>	23c. DATE SIGNED <u>March 20, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 21 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-25-1954</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u> <u>464</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Paul Blue</u> ADDRESS <u>Saline Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
430
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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

Richard B. Erwin

Licensed Embalmer No. *3092*

P. O. Address *Galveston, 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.