

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12691

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>9 da.</u>		c. CITY OR TOWN <u>Hannibal, Mo. 644</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Mark Twain Rest - Lindell Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Haggart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct. 10, 1866</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>23</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Andrew Haggart</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Ward</u>			14. NAME OF HUSBAND OR WIFE <u>Mayme</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>486-12-0891A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Haggart, Marblehead, Ill.</u> ADDRESS <u></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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal uremia</u>				DUE TO (b) <u>Arteriosclerotic heart disease.</u>				1 yr
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c) <u></u>				
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>				
22. I hereby certify that I attended the deceased from <u>Apr. 24, 1954</u> , to <u>May 3, 1954</u> , that I last saw the deceased alive on <u>May 3, 1954</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. L. M. D. M. D.</u>				23b. ADDRESS <u>707 Bdwy., Hannibal, Mo.</u>		23c. DATE SIGNED <u>5-5-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-6-54</u>		REGISTRAR'S SIGNATURE <u>Dr. C. M. Lucke by W. C. T. S. S.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lyman S. Ferster, Philadelphia, Mo.</u>				

187-0

Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED NOV 11 1954

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.

Signed.....
Student Embalmer

Signed James Turner

Licensed Embalmer No. 3726

P. O. Address Monroe City

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.