

FILED FEB. 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **647**

BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5246** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ozark Mo</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Ozark Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Rest Home</b>		STREET ADDRESS (If rural, give location) <b>Ozark Mo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Judson</b> c. (Last) <b>Haguewood</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Mar 23-1862</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>93</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James M Haguewood</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tuttle</b>	
14. NAME OF HUSBAND OR WIFE <b>Willa Haguewood</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Grace Smith. Ozark Mo</b> ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b>		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) <b>Decomposed aortic Pulmonary</b>		<b>2 days</b>
DUE TO (c) <b>Lower Pneumonia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Multiple small ruptured cerebral emboli</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)		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 <b>April</b> , 19 <b>54</b> , to <b>Jan</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Jan 17</b> , 19 <b>56</b> , and that death occurred at <b>6-30 A m.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>Concent R. McCormick D.O.</b>		23b. ADDRESS <b>Ozark Mo.</b>		23c. DATE SIGNED <b>1/23/56</b>	
24a. BURIAL CREMATION (Specify) <b>burial</b>		24b. DATE <b>I-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Richwood</b>		24d. LOCATION (City, town, or county) (State) <b>Christian Mo</b>		
DATE REC'D BY LOCAL REG. <b>Jan 30-1956</b>		REGISTRAR'S SIGNATURE <b>Foretta M. Leavel</b>		5-1-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chaffin Funeral Home</b> ADDRESS <b>Ozark Mo</b>	

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

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.....  
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No. *219*

P. O. Address *Ozark*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.