

FILED FEB 27 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 4036

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Cape Gir			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 12 yr		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital				e. STREET ADDRESS (If rural, give location) 903 Bdway 016%			
3. NAME OF DECEASED (Type or Print) Joseph Harvey Haydock			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Feb 4 1956 (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 14 1880 75 9 20 (10 years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R. Co.		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Joseph Hadvock			13b. MOTHER'S MAIDEN NAME Nancy Grubbs			14. NAME OF HUSBAND OR WIFE Mrs Alice Haydock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-09-2882		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Haydock, Cape Gir Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				3 weeks	
*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. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular Accident				10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 19, 1956, to Oct 4, 1956, that I last saw the deceased alive on Oct 4, 1956, and that death occurred at 7:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) J. H. Beauchamp M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 2-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 7 1956		24c. NAME OF CEMETERY OR CREMATORY Bloomfield Mo.		24d. LOCATION (City, town, or county) (State) Bloomfield Mo.	
DATE REC'D BY LOCAL REG. 2-20-56		REGISTRAR'S SIGNATURE C. C. Semmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Ester		ADDRESS Brinkopf Howell Cape Gir Mo.	

8561 MAR 6 9 AM

**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 NEIL H. GROSSHEIDER..... Student Embalmer No. 528..... working under my personal supervision..

Student Neil H. Grossheider  
Signature of Student Embalmer

Signed W H - Estes

Licensed Embalmer No. 356

P. O. Address Cape Girardeau

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.