

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1956

State File No. **27685**

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

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>577</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give town or township) So. Lineville Mo. Mercer		c. LENGTH OF STAY (In this place) 21 days		c. CITY OR TOWN Mercer		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 Lonnie Retherford Home				STREET ADDRESS (If rural, give location) 0650			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Abraham		c. (Last) Haggard		4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 22, 1874	
9. AGE (In years last birthday) 82		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Haggard		13b. MOTHER'S MAIDEN NAME Katherine Clifton		14. NAME OF HUSBAND OR WIFE Nannie Haggard			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Lonnie Retherford</i> Lineville Iowa			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of head of pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 157X 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) (m.)		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 <u>July 13</u> , 19 <u>56</u> , to <u>Aug 3</u> , 1956, that I last saw the deceased alive on <u>August 3</u> , 19 <u>56</u> , and that death occurred at <u>11:45p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Frank H. Zolner MD</i>				23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 8-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Early Cemetery		24d. LOCATION (City, town, or county) (State) Mercer Mo.	
DATE REC'D BY LOCAL REG. 8-24-56		REGISTRAR'S SIGNATURE <i>Paul West</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Anna Gracie</i>		ADDRESS Lineville Iowa.	

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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.....
Signature of Student Embalmer

Signed *Amos L. Greenlee*.....

Licensed Embalmer No. *396*.....

P. O. Address *Finville, S.C.*.....

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.