

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34965

State File No.

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>4 WKS.</u>	c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		STREET ADDRESS (If rural, give location) <u>Route # 3, 5 1/2 Mi. S.W. Sedalia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>	b. (Middle) <u>A.</u>	c. (Last) <u>HAGGARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Alice</u>	14. NAME OF HUSBAND OR WIFE <u>L. Hampton Haggard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. Hampton Haggard, Sedalia, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Indigestion - Electrical Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u>	DUE TO (c) <u>Cholera from 9 Wednesday</u>		<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>unknown</u>

19a. DATE OF OPERATION <u>Aug. 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholera from 9 Wednesday 180x</u>	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) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1955, to Nov. 1, 1956, that I last saw the deceased alive on Nov 1, 1956, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. Hopkins, M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>11/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/5/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-5-56</u>	REGISTRAR'S SIGNATURE <u>Armine Cooney, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Kleckart</u> ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GALLESPIE FUNERAL HOME

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 *Russell C. Maag*.....

Licensed Embalmer No. *480*

P. O. Address *Sedalia*.....

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.