

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **37227**  
Registration District No. **47** Primary Registration District No. **3008** Registrar's No. **301**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Fulton</b> TOWN		c. CITY OR TOWN <b>Fulton</b> <i>01430</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1408 Bluff St.</b>		d. STREET ADDRESS <b>1408 Bluff St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Hazel</b> Middle <b>Clara</b> Last <b>Huggett</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>15</b> Year <b>1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 4, 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Federal Office</b>	11. BIRTHPLACE (City and state or country) <b>Chillecothe Mo.</b>
13. FATHER'S NAME <b>John Huggett</b>		14. MOTHER'S MAIDEN NAME <b>Sally Jane Nevins</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>		17. INFORMANT <b>John Huggett</b> Address <b>Fulton Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>recurrent carcinoma with generalized metastases - Primary site - left breast</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>July 1954</b> to <b>11/17/56</b> and last saw her <sup>her</sup> <sub>when</sub> alive on <b>11/8/56</b> Death occurred at <b>11:10</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Nancy D. [Signature]</b> (Degree or title)		22b. ADDRESS <b>Fulton, Mo.</b>	
		22c. DATE SIGNED <b>11/17/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Nov 17, 56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>		23d. LOCATION (City, town, or county) (State) <b>Fulton Missouri.</b>	
24. FUNERAL DIRECTOR <b>Maupin Funeral Home</b> ADDRESS <b>Fulton</b>		25. DATE RECD. BY LOCAL REG. <b>Nov-17-1956</b>	
		26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

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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 *Wm A. Stearns*.....

Licensed Embalmer No. *377*.....

P. O. Address *Fallon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.