

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2213

BIRTH NO. 95689-56 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 4

0791

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PERRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERRYVILLE</b>		c. CITY OR TOWN <b>PERRYVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 S. Jackson</b>		e. STREET ADDRESS (If rural, give location) <b>R.5.</b>	

0790

3. NAME OF DECEASED (Type or Print) a. (First) <b>PATRICIA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>HAPGOOD</b>			4. DATE OF DEATH <b>JANUARY 8, 1957</b> (Month) (Day) (Year)		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DECEMBER 5, 1956</b>	9. AGE (In years last birthday) <b>1</b> Months <b>3</b> Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>PERRY COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>PRESTON HAPGOOD</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HEBRUCK</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>PRESTON HAPGOOD, PERRYVILLE, MO. R. 5</b> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <b>Pneumonia - Labor</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
		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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 June 8, 1957 to Jan 8, 1957, that I last saw the deceased alive on Jan 5, 1957, and that death occurred at 10 AM m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Larson MD</b>	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>1-9-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 10, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. ROSE OF LIMA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SILVER LAKE, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 9-57</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey, Perryville, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

250

**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.....

*Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address *Perryville, Pa.*

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.