RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7399

59-030445
STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 8 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Luke's Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Lincoln
c. CITY OR TOWN: Troy — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph — Middle: William — Last: Haddock Jr.
4. DATE OF DEATH: Month August — Day 8 — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/22/1939
9. AGE (last birthday): 20 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft Mfg.
11. BIRTHPLACE (City and state or country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph W. Haddock
13b. MOTHER'S MAIDEN NAME: Berniece Twellmann
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 496-40-5548
17. INFORMANT: Joseph W. Haddock, Troy, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural Hemorrhage
DUE TO (b) Retro Peritoneal Hemorrhage
DUE TO (c) Ruptured Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Suffered injuries when car operated by James Richard Hubert went out of control on Route #61 near St Charles City, about 12:25 a.m., Aug 8, 1959. Cause and manner of death could not be determined.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ — Autopsy Findings
20. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ — Verdict
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18)
20c. TIME OF INJURY: Hour 12:25 a.m. — Month, Day, Year 8 8 1959
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural
20f. CITY, TOWN, OR LOCATION: St Charles County — COUNTY — STATE: Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Patrick J. Taylor Coroner — (Degree or Title)
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: AUG 9 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 11, 1959
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
23d. LOCATION (City, town, or county) (State): Troy, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG.: AUG 10 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 28 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missour

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