

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004816

LED VS JAN 26 1960

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 6

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived prior to institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Twp</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Licking</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <u>South of Licking</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Samuel Haggard</u>				4. DATE OF DEATH Month Day Year <u>Jan 19 1960</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-2-1877</u>	
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	
11. BIRTHPLACE (City and state or country) <u>Texas Co Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>John Haggard</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Haggard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT <u>Earl Haggard</u> Address <u>Texas Co Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intra-abdominal Hemorrhage</u> DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>to Adeno Carcinoma of Colon</u> 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 <u>Senility</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u>3/15/1949</u> to <u>1/16/60</u> and last saw him alive on <u>1/16/60</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. J. Burns</u>				22b. ADDRESS <u>Houston, Mo</u>		22c. DATE SIGNED <u>1/20/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>1-29-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 22-1960</u>		26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Emmett Ferguson

Licensed Embalmer No. 3945

P. O. Address Lehigh

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.