

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-012156

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. ~~3052~~ Registrar's No. 117

FILED MAR 26 1962

VS 300  
Rev. 4/59  
10808  
20908  
3  
4 1  
5 2  
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7 0  
8 2  
9 4222  
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12 96-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in lb 9 years	c. CITY OR TOWN Sedalia
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Buena Vista Home
3. NAME OF DECEASED (Type or print) First Middle Last BIRDIE BEATRICE HAGGARD		4. DATE OF DEATH Month Day Year March 18, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/78
9. AGE (last birthday) 84		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME C.B. Hooper	
13b. MOTHER'S MAIDEN NAME Armina Behmeier		14. NAME OF HUSBAND OR WIFE Rece Haggard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. William Klein, Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anasarca DUE TO (b) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Myocarditis			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 (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		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 7-20-58 to 3-18-62 and last saw her him alive on 2-8-62 Death occurred at 4:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Karl B. Jones M.D.		22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo.	22c. DATE SIGNED 3/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/20/62	23c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery	23d. LOCATION (City, town, or county) (State) Nelson, Missouri
24. FUNERAL DIRECTOR Thane Owens ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 3/20/62	26. REGISTRAR'S SIGNATURE Frances Shelby

USE BLACK INK OR TYPEWRITER RIBBON

**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 *R. E. Baker*

Licensed Embalmer No. 2419

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.