

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0045199

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 324

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 21 1966

VS 300
Rev. 4/59

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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 <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits give TOWNSHIP only) <u>Clinton</u> | | Length of stay in lb <u>67 days</u> | c. CITY OR TOWN <u>Deepwater</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Deepwater</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Serena</u> Middle <u>G</u> Last <u>Haddow</u> | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>10</u> Year <u>1966</u> | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-24-79</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wetzel</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and state or country) <u>Indiana</u> |
| 13a. FATHER'S NAME <u>Wm. M. Robson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Parthenia Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>James Haddow</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>548-24-860</u> | 17. INFORMANT <u>Kathryn Bruce, Indianapolis Ind.</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>Decompensated congestive circulatory failure</u> | | | |
| DUE TO (b) <u>Chronic pulmonary emphysema</u> | | | |
| DUE TO (c) <u>Chronic bronchial asthma</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured right hip</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 checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <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. | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>Sept. 7, 1966</u> to <u>Nov. 10, 1966</u> and last saw her alive on <u>Nov. 10, 1966</u> Death occurred at <u>10:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. E. Garbaugh, D.O.</u> | | 22b. ADDRESS <u>Clinton, Mo.</u> | 22c. DATE SIGNED <u>11-11-66</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-13-1966</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Deepwater, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>M. J. Jensen</u> | | 25. DATE RECD. BY LOCAL REG. <u>NOV. 13, 1966</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |

USE BLACK INK OR TYPEWRITER RIBBON

NOV 23 1966

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 Melvin L. Johnson

Licensed Embalmer No. 4529

P. O. Address El Dorado Springs

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.

Permit Obtained 11-13-66 MB