S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15193

State File No. .....

FILED MAY 12 1953

BIRTH NO. ..... REG. DIST. NO. 274 PRIMARY REG. DIST. NO 3052 Registrar's No. 152

0804
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA
c. LENGTH OF STAY (In this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BOTHWELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA 0804
d. STREET ADDRESS (If rural, give location) 720 E. 24th St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) A
b. (Middle) HARRY
c. (Last) HADDOCK

4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /
8. DATE OF BIRTH Apr 23, 1895
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 0 Days 8 — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY BUSINESS MACHINE
11. BIRTHPLACE (City and State or Foreign Country) MORRISVILLE, S. CAROLINA /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME AUGUSTUS HADDOCK
13b. MOTHER'S MAIDEN NAME WILLIE GODWIN HADDOCK
14. NAME OF HUSBAND OR WIFE THELMA RATLIFF HADDOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 541-03-8952
17. INFORMANT'S SIGNATURE OR NAME THELMA HADDOCK, SEDALIA, MO. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic-Hypertensive Cardio-Vascular-Renal-Disease — Indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Tertiary Lues — Indefinite

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442 x B
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9-50, 19__, *to* 5-1-__, 1953, *that I last saw the deceased alive on* 5-1-__, 1953, *and that death occurred at* 7:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Rodeman, 0 (Degree or title) M.D.
23b. ADDRESS Sedalia, Missouri
23c. DATE SIGNED 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) ~~BURIAL~~ Removal
24b. DATE May 4, 1953
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 5/4/53
REGISTRAR'S SIGNATURE A. J. Campbell MD Locke Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE Duane Ewing
ADDRESS Sedalia, Mo

251-0 (Licensed Embalmer's Statement on Reverse Side)

MAY 12 1953

JAN 17 1962

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 .....
Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

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 this body is not embalmed, fact should be so stated above.