

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40765**

FILED DEC 20 1956

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

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 44 | | PRIMARY REG. DIST. NO. 5755 | | Registrar's No. 46 | |
| 1. PLACE OF DEATH a. COUNTY Caldwell | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) New York Twp. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN Nettleton | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) 0130 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Leroy c. (Last) Haggard | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1956 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 3, 1905 | |
| 9. AGE (In years last birthday) 51 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 MHR. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME George Haggard | | 13b. MOTHER'S MAIDEN NAME Nannie Moore | | 14. NAME OF HUSBAND OR WIFE Ollie 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. 708-14-2696 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ollie Haggard - Nettleton, Mo. | | | |
| 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) Hit by Train (Rock Island) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Body crushed DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 800X | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) New York Twp. Caldwell Mo. | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nettleton Caldwell Mo. | | | |
| 21d. TIME OF INJURY 11:15 Dec 8 1956 | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Hit by Rock Island Tr. while on road 013 | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. J. Sweet | | | | 23b. ADDRESS Polo Mo | | 23c. DATE SIGNED 12-8-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-10-1956 | | 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 24d. LOCATION (City, town, or county) (State) Hamilton Mo | |
| DATE REC'D BY LOCAL REG. 12-13-56 | | REGISTRAR'S SIGNATURE Dr. Luth King | | 25. FUNERAL DIRECTOR'S SIGNATURE Marion A. Bram | | ADDRESS Hamilton Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Morris A. Brown*

Licensed Embalmer No. *3918*

P. O. Address *Hamilton*

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.