No. 300
10.48

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16413

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 56

51

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Warrensburg
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.#3 Warrensburg, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson 51
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Warrensburg 0
d. STREET ADDRESS (If rural, give location): R.R.#3 Warrensburg 0

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Luther
c. (Last): Hacker

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Dec. 22, 1938
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: student
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Felix G. Hacker
13b. MOTHER'S MAIDEN NAME: Opal E. West
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Feliz Hacker — ADDRESS: Warrensburg, 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) Fractured Cervical Vertebra c Medullary & Spinal cord damage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH: Sudden 5 40 2 2A

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 51
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 30 1949 3 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Boy putting up swing fell from tree

22. *I hereby certify that I attended the deceased from* Mt ahead, 19__, *to* _____, 19__, *that I last saw the deceased alive on* never, 19__, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Winton W. Wilcox M.D.
23b. ADDRESS: 123 E Market Warrensburg Mo.
23c. DATE SIGNED: 5-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-4-49
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: May 2, 1949
REGISTRAR'S SIGNATURE: Savannah Creetchfield 147
25. FUNERAL DIRECTOR'S SIGNATURE: R. A. Brauninger — ADDRESS: Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1949

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. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.