

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36897

State File No. _____

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1074

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>45</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CARTHAGE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>322 WIGGINS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>N.</u> c. (Last) <u>HACKNEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 4, 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 20, 1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SOLDIER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CARTHAGE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS HACKNEY</u>	13b. MOTHER'S MAIDEN NAME <u>ADDIE NEWELL</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH HACKNEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR ONE</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA RECORDS</u>	ADDRESS <u>VETERANS ADMINISTRATION HOSPITAL SPRINGFIELD, MISSOURI</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>222X</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerotic heart disease</u>		
	DUE TO (c) ii. OTHER SIGNIFICANT CONDITIONS <u>Coronary occlusion, history of.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that VA attended the deceased from NOV. 14, 1949, to DEC. 4, 1949, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Ende</u>	(Degree or title) <u>Chief Professional Services</u>	23b. ADDRESS <u>VA Hospital Springfield, Mo.</u>	23c. DATE SIGNED <u>12-4-49</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-5-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley wd III</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman J. ...</u>	ADDRESS <u>Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1950

DEC 16 1949

FEB 14 1950

APR 19 1950

MAR 28 1950

JUL 14 1950

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.

Signed.....

Lewis Schepf

Signed.....

Student Embalmer

Licensed Embalmer No.

3802

P. O. Address.....

Springfield, 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.