

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5650

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5920 Registrar's No. 21

790

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Union		c. LENGTH OF STAY (If in place) 71	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union 0740	
3. NAME OF DECEASED a. (First) Oscar b. (Middle) _____ c. (Last) Hacker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 9 1878
9. AGE (In years last birthday) 71	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Hacker		13b. MOTHER'S MAIDEN NAME Margarete Hornburger	14. NAME OF HUSBAND OR WIFE Elezabeth Hacker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar Hacker Jr. Longtown 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) apoplexy, cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 12 hrs 10-12 yrs 10-12 yrs 334X
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 22, 1950</u> to <u>Feb 22, 1950</u> , that I last saw the deceased alive on <u>Feb 22, 1950</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Lewis J. D. ...		23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 2-22-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27 1950	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Longtown Mo
DATE REC'D BY LOCAL REG. Feb 24-1950	REGISTRAR'S SIGNATURE Josef Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Youngst Sons Perryville Mo.	ADDRESS

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-371

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 *Cummins*

Licensed Embalmer No. 2138

P. O. Address *Perryville 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.