No. 300
10-48

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25940

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 457

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

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 9 Miles N. of Savannah
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: LaBette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parsons 8150
d. STREET ADDRESS (If rural, give location): 907 Lincoln St.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Russell
c. (Last): Hasson

4. DATE OF DEATH (Month) (Day) (Year): 7-29-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-6-1918
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 11, Days 23 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Russell J. Hasson
13b. MOTHER'S MAIDEN NAME: Anna Landry
14. NAME OF HUSBAND OR WIFE: Edith Rose Hasson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 507-16-2968
17. INFORMANT'S SIGNATURE OR NAME: Mrs Edith Hasson — ADDRESS: Parsons Kas

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): Severed cervical spinal cord

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured neck
DUE TO (c): Striking car windshield

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 8166 / 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural Andrew Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 1950 1:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head-on collision on U.S. Highway 71

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* July 24 *19*50*, and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Maxwell, D.O., Coroner
23b. ADDRESS: 307 W. Main, Savannah, Mo.
23c. DATE SIGNED: 7/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-1-1950
24c. NAME OF CEMETERY OR CREMATORY: SAVANNAH
24d. LOCATION (City, town, or county) (State): SAVANNAH MO

DATE REC'D BY LOCAL REG.: 7-31-50
REGISTRAR'S SIGNATURE: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE: Brent Funeral Home — ADDRESS: Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1950

RECEIVED
AUG 7 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

AUG 19 1950

SEP 2 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 R. Lester Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Savannah 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.