

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7529

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>NONE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		<u>0272</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE WEST OF COLUMBIA</u>				d. STREET ADDRESS (If rural, give location) <u>213 EAST SPRING STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>CREWS</u> c. (Last) <u>HACKLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7 - 1951</u>					
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>DEC. 27 - 1908</u>		
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>		11. BIRTHPLACE (State or foreign country) <u>HOWARD COUNTY - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PAUL T. HACKLEY</u>			13b. MOTHER'S MAIDEN NAME <u>FANNIE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA BRANCH HACKLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-01-0460</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS PAUL HACKLEY-BOONVILLE, MO.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive cerebral damage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive skull fracture</u> DUE TO (c) <u>Violent impact of car with truck</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>28 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>JTU</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home, farm, 40 - 2 mi. west of Columbia Boone Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 7, 1950 10:45 p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Impact of car with truck</u>				
22. I hereby certify that I attended the deceased from <u>10:45 p</u> , 19 <u>50</u> , and that death occurred at <u>10:45 p</u> , 19 <u>50</u> , from the causes and on the date stated above.								
22a. SIGNATURE <u>Fanny M. Taylor</u> (Degree or title) _____				22b. ADDRESS <u>Columbia Missouri</u>		22c. DATE SIGNED <u>3-10-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 11 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOONVILLE - MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 10 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEGNER FUNERAL HOME-BOONVILLE MO.</u>				

**RECEIVED** 3-20-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 3-20-51 \_\_\_\_\_

APR 18 1951

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.