Nos300
10.48

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42362

State File No.

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4252 Registrar's No. 51

0710

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 E. McNair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles 0710
d. STREET ADDRESS (If rural, give location): 306 E. McNAIR

3. NAME OF DECEASED (Type or Print)
a. (First): Inez
b. (Middle): L.
c. (Last): HACKLER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9th 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 5th 1904
9. AGE (In years last birthday): 47 — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: J. C. Stevens
13b. MOTHER'S MAIDEN NAME: Belle Davis
14. NAME OF HUSBAND OR WIFE: Steve Hackler-Versailles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 489-20-0422
17. INFORMANT'S SIGNATURE OR NAME: Steve Hackler-Versailles — ADDRESS: 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): Sodium Fluoride Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

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

DUE TO (b):

DUE TO (c): Psycho-neurosis — Intermittent years —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

E9717

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Versailles Morgan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-9-1951 6:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Self Inflicted —

22. *I hereby certify that I attended the deceased from* 12-6, 1951, *to* 12-9, 1951, *that I last saw the deceased alive on* 12/9, 1951, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Washburn (Degree or title): M.D.
23b. ADDRESS: Versailles, Mo
23c. DATE SIGNED: 12/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 13-51
24c. NAME OF CEMETERY OR CREMATORY: Versailles, City
24d. LOCATION (City, town, or county) (State): Versailles, Missouri

DATE REC'D BY LOCAL REG.: Dec 11-1951
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214-0 Per Vera Oldwell
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Kidwell
ADDRESS: Versailles, Mo.

(Signature Implies Statement on Reverse Side)

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

RECEIVED DEC 17 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 17 1951

DEC 29 1951

DEC 20 1951

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 Eric N. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles 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.