

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED APR 15 1952

BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital		d. STREET ADDRESS (If rural, give location) 601 Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) CECIL b. (Middle) ELMER c. (Last) HACKNEY			4. DATE OF DEATH (Month) (Day) (Year) April 11 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 21 1893	9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Comm		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Barton County, Missouri
12. CITIZEN OF WHAT COUNTRY? US				

13a. FATHER'S NAME Sam L. Hackney		13b. MOTHER'S MAIDEN NAME Sara Catherine Hunter		14. NAME OF HUSBAND OR WIFE Erma Montanye Hackney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW-I		16. SOCIAL SECURITY NO. 492-14-2002		17. INFORMANT'S SIGNATURE OR NAME Mrs. Erma Hackney, ADDRESS Lamar, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure c.d. B.B.B. 8 days		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis 11 days DUE TO (c) Coronary Artery Disease 3 yrs			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brouchial Pneumonia 12 days			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from March 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE H.M. Arnold		23b. ADDRESS Lamar, Mo		23c. DATE SIGNED 4-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 14 1952		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	
				24d. LOCATION (City, town, or county) (State) Lamar, Missouri	

DATE REC'D BY LOCAL REG. APR 12 1952		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

0061
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MISSOURI

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 Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.