

1952 OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4132

4132

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4132</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>44 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3158	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1706 EAST 8th Street</u>				d. STREET ADDRESS (If rural, give location) <u>1706 EAST 8th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Merriel</u>			b. (Middle) <u>Burke</u>		c. (Last) <u>HACKETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 1952</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>MAY 14, 1908</u>	
9. AGE (In years last birthday) <u>44</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Yellow Cab Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, KANSAS U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Merriel O. HACKETT</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burke</u>		14. NAME OF HUSBAND OR WIFE <u>Beth HACKETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-26-7615</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS. <u>Beth Hackett, 1706 E. 8th Street, Kansas City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cirrhosis of Liver</u> <u>Chronic Alcoholism</u> <u>20 yrs</u> <u>581</u>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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					
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>Apr 29, 1952</u> to <u>Sept 18, 1952</u> , that I last saw the deceased alive on <u>Sept 17, 1952</u> , and that death occurred at <u>9:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Adrian Brown</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>220 Argyle Bldg</u>		23c. DATE SIGNED <u>9-19-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify)		24a. DATE <u>SEPT. 20, 1952</u>		24b. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24c. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-20-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons, 1321 BRUSH BARRY, Kansas City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

12-5:38  
N-E - Part increase

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 \_\_\_\_\_

*Chester K Brown*

Student Embalmer No. 776

working under my personal supervision.

Student *Chester K Brown*  
Student Embalmer

Signed *Edward M. Strong*

Licensed Embalmer No. 4452

P. O. Address *K. C. 4 Mrs.*

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.