

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. RANCEY YANCEY
State File No. 38300

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1099

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MACKS CREEK	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) THOMAS	c. (Last) HACK	4. DATE OF DEATH (Month) (Day) (Year) DEC. 9, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 16 1915	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY VARIED		11. BIRTHPLACE (City and State or Foreign Country) CAMDEN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A.G. HACK	13b. MOTHER'S MAIDEN NAME JANIE RICKER	14. NAME OF HUSBAND OR WIFE JANIE RICKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME JANIE RICKER	ADDRESS MACKS CREEK, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Gastric Ulcer DUE TO (c) Malignant Neoplasm, right mainstem bronchus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION to left lung. ① Acute visceral degeneration secondary to a	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9 Dec**, 19**52**, to **Only**, 19**52**, that I last saw the deceased alive on **9 Dec**, 19**52**, and that death occurred at **3:25D** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanford Peterson MD	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 10 Dec 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/12/52	24c. NAME OF CEMETERY OR CREMATORY MACKS CREEK	24d. LOCATION (City, town, or county) (State) MACKS CREEK, MO.
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DATE REC'D BY LOCAL REG. 12-12-52	REGISTRAR'S SIGNATURE Edith Williamson Deputy Regis	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4815

P. O. Address _____

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.