.300
.48

2

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

FILED OCT 19 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35064

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1098

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (In this place): 10 Mos-10 dy
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital No. 2,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: Mayview, 0540 1
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print)
a. (First): SAMUEL
b. (Middle): —
c. (Last): HACKLEY,

**4. DATE OF DEATH** (Month) (Day) (Year): 10-10-1953,

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married, 1
**8. DATE OF BIRTH**: 9-3-1870.
**9. AGE** (In years last birthday): 83
If under 1 year: Months: 1 Days: 7
If under 24 hrs.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: agriculture
**11. BIRTHPLACE** (City and State or Foreign Country): Corder, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Hackley
**13b. MOTHER'S MAIDEN NAME**: unknown
**14. NAME OF HUSBAND OR WIFE**: Lillie Jane Hackley,

**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.**: _____
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Lillie Jane Hackley - Mayview, 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) Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterio-sclerotic heart disease and hypertensive cardio-vascular disease of greater circulation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis — 2 years,

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10-5-, 1953, *to* 10-10-, 1953, *that I last saw the deceased alive on* 10-10-1953, *and that death occurred at* 4:25 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. H. Morrisway (Degree or title): M. D.
**23b. ADDRESS**: State Hospital No 2, St. Joseph, Mo
**23c. DATE SIGNED**: 10-10-1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 10/13/1953
**24c. NAME OF CEMETERY OR CREMATORY**: City Cemetery
**24d. LOCATION** (City, town, or county) (State): St Joseph Mo.

**DATE REC'D BY LOCAL REG.**: Oct. 15, 1953
**REGISTRAR'S SIGNATURE**: Esther M. Allison 485-0
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Weston-Bowman Funeral Home St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3196 10th St Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.