

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

548

State File No. ....

FILED JAN 28 1954  
BIRTH NO. ... REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 4

|   |  |                                   |  |  |  |
|---|--|-----------------------------------|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cedar  |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Cedar |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt #3 - El Dorado Spgs |  | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt #5 - El Dorado Spgs - Cedar                |  | d. STREET ADDRESS (If rural, give location) 0200thp. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #5 El Dorado Springs                                    |  |                                   |  |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Mary b. (Middle) E c. (Last) Hackleman |  |  | 4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1954 |  |  |
|--|--|--|---|--|--|

|               |                        |  |                            |                                    |                       |                       |
|---------------|------------------------|--|----------------------------|------------------------------------|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH 1-21-1868 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Hours | IF UNDER 24 HRS. Min. |
|---------------|------------------------|--|----------------------------|------------------------------------|-----------------------|-----------------------|

|   |  |  |  |  |                                    |
|---|--|--|--|--|------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife |  | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and State or Foreign Country) Indiana |  | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|---|--|--|--|--|------------------------------------|

|                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| 13a. FATHER'S NAME Benjamin Carter | 13b. MOTHER'S MAIDEN NAME Martha Chambers | 14. NAME OF HUSBAND OR WIFE Deceased |
|------------------------------------|---|--------------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Dilmer Rt. 5 El Dorado Spgs. |  |
|---|------------------------------|---|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Bronchial -<br>DUE TO (c) Had a stroke 10 days before last illness. |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Before last illness.  |  |                                  |

|                             |                                       |   |
|-----------------------------|---------------------------------------|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 334X |
|-----------------------------|---------------------------------------|---|

|   |   |  |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none |
|---|---|--|

|  |   |                                 |
|--|---|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none | 21f. HOW DID INJURY OCCUR? none |
|--|---|---------------------------------|

22. I hereby certify that I attended the deceased from 12-17, 1953, to 1-9, 1954, that I last saw the deceased alive on 1-9, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

|   |                        |                          |
|---|------------------------|--------------------------|
| 22a. SIGNATURE J.W. Richardson M.D. (Degree or title) | 22b. ADDRESS Tiffin Mo | 22c. DATE SIGNED 1-12-54 |
|---|------------------------|--------------------------|

|  |                   |   |   |
|--|-------------------|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE 1-12-54 | 24c. NAME OF CEMETERY OR CREMATORY Zachler Cemetery | 24d. LOCATION (City, town, or county) (State) Cedar County, Mo. |
|--|-------------------|---|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. JAN. 13, 1954 | REGISTRAR'S SIGNATURE J.W. Richardson, Deputy | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lusk Brothers - El Dorado Spgs, Mo. |
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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 Max W. Dickering

Licensed Embalmer No. 4096

P. O. Address El Dorado, Ariz.

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.