

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*D. Morris*  
State File No. **3738**

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 14

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u> <u>1082</u>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>                                     |  |
| c. LENGTH OF STAY (in this place) <u>82 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>323 1/2 South Lynn</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>                             |  |  |  |

|  |                         |                           |                            |  |
|--|-------------------------|---------------------------|----------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Belle</u> | b. (Middle) <u>Stuart</u> | c. (Last) <u>Hackstaff</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>January 15 1954</u> |
|--|-------------------------|---------------------------|----------------------------|--|

|                  |                            |   |   |   |                        |                       |       |      |
|------------------|----------------------------|---|---|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Fm</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>2 October 8, 1870</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|------------------|----------------------------|---|---|---|------------------------|-----------------------|-------|------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dressmaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Crown Point, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE (Dec'd) <u>George Caldwell Hackstaff</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Howard, Nevada, Missouri.</u> |
|--|-------------------------------------|--|

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|---|--|--|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><u>Cancer of Cervix with extension and metastasis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years.</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) | 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 1/15/54, 1954, to 1/15/54, 1954, that I last saw the deceased alive on 1/15/54, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>D. R. Morris, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Nevada, Mo.</u> | 23c. DATE SIGNED <u>1/20/54</u> |
|--|---------------------------------|---------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 19, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Deepwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> |
|---|--------------------------------|---|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG <u>1-22-1954</u> | REGISTRAR'S SIGNATURE <u>Anna E. Harvey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo.</u> |
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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. 492

working under my personal supervision.

Student .....  
Student Embalmer

*J. Angles Perry*

Signed \_\_\_\_\_

*L. B. Perry*

Licensed Embalmer No. 1760

P. O. Address Newass 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.