

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39999

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>438</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Wapello</u>				
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY <u>7 days</u>		c. CITY OR TOWN <u>Ottumwa</u>		d. STREET ADDRESS (If rural, give location) <u>301 W. Williams</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic</u>				d. STREET ADDRESS (If rural, give location) <u>301 W. Williams</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>HOBART</u> c. (Last) <u>Hainline</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1954</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 10, 1929</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>meat packing</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hoba rt Hainline</u>			13b. MOTHER'S MAIDEN NAME <u>Lota Ludwick</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Maude P.</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>479-24-4408</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lota Hainline Ottumwa Ia</u>				ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypostatic pneumonia</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto accident - multiple contusions</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured liver, contusions of Rt kidney, rupture of g.b.</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway # 63</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Lancaster</u>		21d. (COUNTY) <u>Scyler</u>		21e. (STATE) <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 5, 1954 12:35 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on auto accident.</u>				
22. I hereby certify that I attended the deceased from <u>12-5</u> , 19 <u>54</u> , to <u>12-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-12</u> , 19 <u>54</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Donald B. Jagger D.O.</u>				23b. ADDRESS <u>416 South Elson, Kirkville Ia</u>		23c. DATE SIGNED <u>12-12-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/14/54</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Shaul</u>		24d. LOCATION (City, town, or county) (State) <u>Ottumwa, Iowa.</u>			
DATE REC'D BY LOCAL REG. <u>12-12-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Elson Ottumwa, Ia</u>				ADDRESS _____

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

JAN 21 1954

DEC 30 1954

DEC 28 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Hicksville, 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.