

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11002**

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BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>5118</b>		Registrar's No. <b>104</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural "Missouri"</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 1/2 Mi. W. Huntsdale Mo</b>				STREET ADDRESS (If rural, give location) <b>Unknown</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Burnie</b> b. (Middle) <b>S</b> c. (Last) <b>Hassell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 28 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>April 1, 1916</b>	
9. AGE (In years last birthday) <b>39</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laboret</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Licking, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>G. C. Hassell</b>			13b. MOTHER'S MAIDEN NAME <b>Effie Self</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Army</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bulas Haessell, Licking, Missouri</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemothorax, right</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture Rt ribs 8-12 posterior</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E802 X 35</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Short time</b>  <b>Short time</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>RR right of way</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Missouri Boone Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 28 55 11<sup>30</sup> p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>not known</b>			
22. I hereby certify that I attended the deceased from <b>4/28, 1955</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1120p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Henry H. Swartz Jr MD Coroner</b>				23b. ADDRESS <b>Columbia Mo</b>		23c. DATE SIGNED <b>4/29/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/3/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Licking Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Licking, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>April 30 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Memorial Funeral Home</b>		ADDRESS <b>Columbia, Mo</b>	

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

1967  
MAY 15

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.....  
Signature of Student Embalmer

Signed *Erman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.