

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25248**

5060

BIRTH NO. _____ REG. DIST. NO. 18 PRIMARY REG. DIST. NO. 5066 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mindenmines Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mindenmines Rural, Southwest</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. S.E. of Mindenmines</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jacob</u>	b. (Middle) <u>Stanley</u>	c. (Last) <u>Hasson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5, 1955</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20, 1884</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Cherokee Co., Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Hasson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Workman</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Hasson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Hasson</u>	ADDRESS <u>Mindenmines, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chc Lympho Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>2040</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Aug 10, 1952, to Aug 5, 1955 that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Muller, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ottosburg, Kan</u>	23c. DATE SIGNED <u>8-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Aug. 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>	24d. LOCATION (City, town, or county) (State) <u>Nashville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 11, 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	420-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berber</u>	ADDRESS <u>Mulberry, Tenn.</u>
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WRITE PLAINLY—USING UNFAADING 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 _____

J. M. Becker

Licensed Embalmer No. *2336 Mo.*

P. O. Address *Mulberry, Tex*

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.