

FILED AUG 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 26713

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 SOUTH LIBERTY STREET		d. STREET ADDRESS (If rural, give location) 26 SOUTH LIBERTY STREET	
3. NAME OF DECEASED (Type or Print) a. (First) JOSIE b. (Middle) M c. (Last) HACKER		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 14 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 17, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN STEVISON	
13b. MOTHER'S MAIDEN NAME NO DATA		14. NAME OF HUSBAND OR WIFE JOHN HACKER (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.	
17. INFORMANT'S SIGNATURE OR NAME DELLA BREEDLOVE		ADDRESS WEBB CITY, MO	
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) Secondary anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) blood loss DUE TO (c) Carcinoma of intestine 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 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) 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-11-54, 19, to 8-14-55, 19, that I last saw the deceased alive on 8-13-55, 19, and that death occurred at 11 2 m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) John M. Ferguson MD		23b. ADDRESS Webb City, Mo.	
23c. DATE SIGNED 8-15-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 8/19-1955		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY	
24d. LOCATION (City, town, or county) JOPLIN		24e. (State) MO	
DATE REC'D BY LOCAL REG. 8-16-55		REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer	
25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1904

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 Leonard J. Hewitt

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.