

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33937

FILED OCT 24 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ewing Rural</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Ewing</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION Timothy Jacob Hackett		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>560</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Timothy</u>	b. (Middle) <u>Jacob</u>	c. (Last) <u>Hackett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 29 1879</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	11. IF UNDER 4 HRS. Hours <u>8</u> Mins. <u>13</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clogheen Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>Ipperray</u>
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13a. FATHER'S NAME <u>Thomas Hackett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Slattery</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Hackett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-38-5712</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maude Hackett</u>	ADDRESS <u>Ewing</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 minutes</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) <u>4201</u>		
	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"/>
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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) <u>Ewing Lewis Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-17, 1955, to 10-14, 1955; that I last saw the deceased alive on 10-14, 1955 and that death occurred at 8:13 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. V. Carter, D.O.</u>	23b. ADDRESS <u>207 E. Belle Mead</u>	23c. DATE SIGNED <u>10-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct. 17 - 1955</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Queen Peace</u>	24d. LOCATION (City, town, or county) (State) <u>Ewing Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-20-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0.300
0.48

560

E.L.

NOV 1 1952

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..... *Thomas Ball*

Licensed Embalmer No..... *174*

P. O. Address..... *Erving*

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.