

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34064**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 5760		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, No. Palmyra		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Shelbina		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. no. Palmyra Fabius Sup				STREET ADDRESS (If rural, give location) 2 mi. no. west Shelbina 1020			
3. NAME OF DECEASED (Type or Print) a. (First) Floyd			b. (Middle) Russell		c. (Last) Hack		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3rd. 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1928		9. AGE (In years last birthday) 27	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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY FOR SELF		11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellis Yaeger Hack			13b. MOTHER'S MAIDEN NAME Lula Anna Lippincott		14. NAME OF HUSBAND OR WIFE Mary Carolyn Hack		
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. 493-28-5213		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Carolyn Hack, Shelbina, 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) Crushed in Cab of Truck					INTERVAL BETWEEN ONSET AND DEATH	
	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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Highway 61		21c. (CITY, TOWN, OR TOWNSHIP) 064 (COUNTY) Marion (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 3, 1955 3:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck overturned			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) N. M. O'Donnell			23b. ADDRESS Coroner 3 Hannibal Mo			23c. DATE SIGNED 10/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri		
DATE REC'D BY LOCAL REG. 10/11/55		REGISTRAR'S SIGNATURE Dr. E. M. Lunde			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hayes Funeral Home Shelbina, Mo.		

(Licensed Under State Agreement on Reverse Side)

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

RECEIVED OCT 15 1955
MARION CO. HEALTH DEPT.
DATE FILED OCT 15 1955

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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. S. Spitz*

Licensed Embalmer No. *32*

P. O. Address *Talmyra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.