

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35768

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Holstein</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Holstein</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Treloar R.F.D.</u>		e. STREET ADDRESS (If rural, give location) <u>Charrette township</u>	

3. NAME OF DECEASED a. (First) <u>Herman</u> b. (Middle) <u>Henry</u> c. (Last) <u>Hackmann</u>			4. DATE OF DEATH <u>Nov. 11, 1955</u>		
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>Dec. 10, 1883</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
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>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Fritz Hackmann</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Krueger Hackmann</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Herman Hackmann, Treloar, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herman Hackmann, Treloar, Mo.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary atherosclerosis</u>		DUE TO (c) <u>general arteriosclerosis</u>		<u>1954</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H201</u>				<u>1951</u>	

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)	
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 19 1927 to Nov 11 1955, that I last saw the deceased alive on Nov 10 1955, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Nieburg</u> (Degree or title)		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>11-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-55</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Immanuels E &amp; R Church</u>	
				24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov 12/55</u>		REGISTRAR'S SIGNATURE <u>H. W. Nieburg</u> <u>3347</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Nieburg &amp; Co., Warrenton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John J. Hieburg*.....

Licensed Embalmer No... *38*.....

P. O. Address *Warrenton*.....

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.