

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24404

State File No. _____

FILED JUL 25 1956

1. No. 300
2. 10. 48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>23944</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived.) If institution, residence before admission: a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Canton</u>		d. STREET ADDRESS (If rural, give location) <u>8120 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Hackman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July, 14, 1956</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>Jan. 27, 1881</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arenzville, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Louis Hackman</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Kors</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie Hackman</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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nettie Hackman New Canton, Ill.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>5-21, 1956</u> to <u>7-14, 1956</u> that I last saw the deceased alive on <u>7-14, 1956</u> and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edwin A. Lecky M.D.</u>			23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>7-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/17/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arenzville</u>		24d. LOCATION (City, town, or county) (State) <u>Arenzville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>7/18/56</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By H. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Smith Hannibal Mo</u>			

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

Dr. A. Lecky

129-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 24 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. 3814

working under my personal supervision.

Student
Student Embalmer

Signed W. C. ...

Licensed Embalmer No. 3814

P. O. Address ...

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.