

FILED MAR 25 1957

STANDARD CERTIFICATE OF DEATH

11879
State File No.
Registrar's No. 5

BIRTH NO. REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Charrette		c. CITY OR TOWN Rural-Charrette	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. W. Marthasville, Mo.		f. STREET ADDRESS (If rural, give location) 1 mile N. W. Marthasville	

3. NAME OF DECEASED (Type or Print) Charles Garhardt Hackmann			4. DATE OF DEATH March 15, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1879	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm	11. BIRTHPLACE (City and State or Foreign Country) Hopewell Academy, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Hackmann		13b. MOTHER'S MAIDEN NAME Sophia Kase		14. NAME OF HUSBAND OR WIFE Ella Hackmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-42-7266		17. INFORMANT'S SIGNATURE OR NAME Wilbert Hackmann, Marthasville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency, myocardial ischemia		1 yr
	DUE TO (c) arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic nephritic glomerular			5 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 0 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)		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 10, 1951**, to **Mar 15, 1957**, that I last saw the deceased alive on **Mar 14, 1957**, and that death occurred at **4:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Schuman		23b. ADDRESS Marthasville, Mo.		23c. DATE SIGNED 3-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-57		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	
24d. LOCATION (City, town, or county) (State) Marthasville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Delmont L. Schuman ADDRESS Marthasville, Mo.			
DATE REC'D BY LOCAL REG. 3/17/57		REGISTRAR'S SIGNATURE J. C. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Delmont L. Schuman ADDRESS Marthasville, Mo.	

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 *Edmont J. Lutz*.....

Licensed Embalmer No...4318.....

P. O. Address *Marthasville, Mo.*

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.