

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28946**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **349**

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| 1. PLACE OF DEATH a. COUNTY PETTIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL | | d. STREET ADDRESS (If rural, give location) 1106 W 76th | |

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|---|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) ERIC | b. (Middle) BARTON | c. (Last) HAKAN | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1957 |
|---|---------------------------|------------------------|---|

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|-----------------|---------------------------|--|--------------------------------------|---|--|--|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH MAY 23, 1947 | 9. AGE (In years last birthday) 10 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 14 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|--|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME BARTON HAKAN | 13b. MOTHER'S MAIDEN NAME MARY B. Pendleton | 14. NAME OF HUSBAND OR WIFE BARTON HAKAN |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Barton Hakan | 18. ADDRESS 1106 W 76th Kansas City |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to chest | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Place | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8-22-57 3:45 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Run over by Shuttle bus at State Fair ground |
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22. I hereby certify that I attended the deceased from **as Coroner**, 19**57**, that I last saw the deceased alive on **8-22-57**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

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|---|--------------------|--|------------------------------------|
| 23a. SIGNATURE Oliver Gordon Pfeiffer | (I agree or title) | 23b. ADDRESS Coroner Pettis Co | 23c. DATE SIGNED 8-22-57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 22 Aug. 1957 | 24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 8-22-57 | REGISTRAR'S SIGNATURE Frances Shelby | 25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros | ADDRESS Sedalia, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

5410

AUG 26 1958

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
Student Embalmer

Signed _____

Robert F. Fuller

Licensed Embalmer No. _____

4818

P. O. Address _____

Idalia 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 this body is not embalmed, fact should be so stated above.