

pt. Health,
r., & Welfare
S. Public
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V. S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45263

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		c. CITY OR TOWN Menfro, Rte. 079 ⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp. Length of stay in lb 5 Hrs.		d. STREET ADDRESS Union TWP (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WALTER A HACKER			4. DATE OF DEATH Month Day Year Dec 12 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 23, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) PERRY COUNTY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHRISTOPHER HACKER	13b. MOTHER'S MAIDEN NAME ADELE SCHMIDT	14. NAME OF HUSBAND OR WIFE CLARA SPRINGER
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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.	17. INFORMANT CLARA SPRINGER Address MENFRO RTE, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 11 hrs
DUE TO (b) Hypertension		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 33ix		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Asthma 3 20 yrs		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 12-12-57 to 12-12-57 and last saw her alive on 12-12-57 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. D. (Print or title)	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 12-14-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 15, 1957	23c. NAME OF CEMETERY OR CREMATORY LUTHERAN	23d. LOCATION (City, town, or county) (State) LONGTOWN, MISSOURI
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24. FUNERAL DIRECTOR Young & Sons Perryville Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 12-18, 57	26. REGISTRAR'S SIGNATURE Joseph Zoellner
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

x Perry Missouri Perry
 x Menfro, Hrs. X PENNYVILLE
 x Union Twp. Perry Co. Mem. Hosp. 5 Hrs.
 1927 Dec 15 HACKER A WALTER
 Nov 23, 1887 X WHITE MALE
 Farming Farmer
 CLARA SPRINGER ADELE SCHMIDT CHRISTOPHER HACKER
 CLARA SPRINGER MENFRO RTE, MO. NO.

858
 JAN 2
 Dec 15 1927

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 *Wallace Young*
 Licensed Embalmer No. *4022*
 P. O. Address *Perryville*

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. Dec. 15 1927 BUREAU
 If this body is not embalmed, fact should be so stated above.