Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002336
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co Mem Hosp Life — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN Perryville 0791 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 314 E. South St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Emma Middle K Last Hacker
4. DATE OF DEATH Month Jan Day 23 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug 13, 1894
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY N
11. BIRTHPLACE (City and state or country) Perry County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Conrad Stuebinger
13b. MOTHER'S MAIDEN NAME Anna Boxdorfer
14. NAME OF HUSBAND OR WIFE Edward Hacker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Edward Hacker Address Perryville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — 8yr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-9-59, to 1-23-59 and last saw her/him alive on 1-22-59
Death occurred at 9:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. T. Fairchild, MD (Degree or title)
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 26, 1959
23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) Perryville, Missouri

24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo
25. DATE RECD. BY LOCAL REG. 1-26-59
26. REGISTRAR'S SIGNATURE Joe J. Boellner

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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. 4027

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.

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