

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026143

FILED VS AUG 10 1958 *74*

Registration District No. _____ Primary Registration District No. *2052* Registrar's No. *257*

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> Length of stay in 1b <u>1 year</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Chillhowee</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Campbell Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>NANCY</u> Middle <u>BELLE</u> Last <u>HACKLER</u>			4. DATE OF DEATH Month <u>8</u> Day <u>5</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30, 1871</u>	9. AGE (last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Henry County, Missouri</u>	
13a. FATHER'S NAME <u>John Gilliam</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Jefferson Davis Hackler</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. <u>none</u>	17. INFORMANT Address <u>Leslie G. Hackler, Clinton, Missouri</u>
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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) <u>Cerebral Vascular Accident, Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arteriosclerosis, Generalized</u> <u>years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from 16 April 1958 to 5 August 1959 and last saw her alive on 5 August 1959
 Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Stanley D. Fisher M.D.</u>	22b. ADDRESS <u>500 West 16th Sedalia, Missouri</u>	22c. DATE SIGNED <u>5 August 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carsville Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Carsville, Missouri</u>		

24. FUNERAL DIRECTOR ADDRESS <u>Cook Funeral Home, Chillhowee, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>8-5-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8404

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
✓ or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lipton, 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.