URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-036661

STATE FILE NUMBER

FILED VS OCT 23 1959

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 188

ENDED

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JACKSON TWSP
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ATLAS POWDER Co.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY: JASPER
c. CITY OR TOWN: RURAL JACKSON TWSP
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE 2, JOPLIN
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CONRAD Middle (GEORGE) Last HACKLEMAN

4. DATE OF DEATH: Month OCTOBER Day 1 Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-11-1916
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAGAZINE HELPER
10b. KIND OF BUSINESS OR INDUSTRY: ATLAS POWDER Co.
11. BIRTHPLACE (City and state or country): JOPLIN, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: THOMAS C. HACKLEMAN
13b. MOTHER'S MAIDEN NAME: EVA LANDIS
14. NAME OF HUSBAND OR WIFE: AMANDA OWENS HACKLEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. AMANDA HACKLEMAN, Address: RT 2, JOPLIN

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): Crushing injury to chest — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Collision of locomotives.
20c. TIME OF INJURY: Hour 8-53 a.m. p.m. Month, Day, Year Oct. 1, 1959
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.): Atlas Plant
20f. CITY, TOWN, OR LOCATION: Jasper COUNTY: STATE: Missouri

21. I attended the deceased from _____, to Oct. 1, 1959 and last saw him/her alive on _____
Death occurred at prior to 9 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Emery J. McIntire (Degree or title) MD
22b. ADDRESS: Emery J. McIntire, M. D. 417 SOUTH MAIN ST. CARTHAGE, MISSOURI
22c. DATE SIGNED: OCT 6 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-4-59
23c. NAME OF CEMETERY OR CREMATORY: STERLING CEMETERY,
23d. LOCATION (City, town, or county) (State): NEAR ATLAS, MISSOURI

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-12-59
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 23 1959

MAR 29 1960

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 _____ Signed F. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.