

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015057

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 58

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10470
20360

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 4 1962		1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Length of stay in 1b 1 day		c. CITY OR TOWN Gray Summit, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR THE HOME FOR AGED INSTITUTION The Home for Aged Baptists		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Oscar Last Hackley			4. DATE OF DEATH Month April Day 17 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/21/1871	9. AGE (last birthday) 91	IF UNDER 1 YEAR IF UNDER 24 HR Months 1 Days 27 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) Howard County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James Henry Hackley		13b. MOTHER'S MAIDEN NAME Nannie Elizabeth Jacks	
14. NAME OF HUSBAND OR WIFE Minnie Andrews		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 Dolores Weiss, Ironton, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 year	
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. <input type="checkbox"/> Yes <input 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 April 16, 1962 to April 17, 1962 and last saw him alive on April 16, 1962		Death occurred at 3:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marvin C. [Signature]</i>		(Degree or title)		22b. ADDRESS Ironton, Missouri	
22c. DATE SIGNED 4-17-62		23a. BURIAL, CREMATION, REMOVAL (Specify) 4-19-62		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY Brush Creek		23d. LOCATION (City, town, or county) Gray Summit		(State) Mo	
24. FUNERAL DIRECTOR Mrs. John L. Theiles		ADDRESS Pacific Mo 4-19-62		25. DATE RECD. BY LOCAL REG. 4-19-62	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

4-19-62 A.S.

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, 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.