MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039869

STATE FILE NUMBER

Registration District No. 310 FILED OCT 17 1962 Primary Registration District No. 3058 Registrar's No. 258

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0929
2	3920
3	
4	1
5	2
6	
7	1
8	1
9	172X
10	
11	
12	1-0
13	4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hosp. — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First Maurine — Middle ---- — Last Hackamack

4. DATE OF DEATH: Month Oct. Day 10, Year 1962

5. SEX: Female
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-28-1899
9. AGE (last birthday): 62 — 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): Bank Employee
10b. KIND OF BUSINESS OR INDUSTRY: Banking Business
11. BIRTHPLACE (City and state or country): Madison, Kans.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ~~####~~ Frank Lovett
13b. MOTHER'S MAIDEN NAME: Julia Winter
14. NAME OF HUSBAND ~~OR WIFE~~: David Hackamack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servi[redacted]
17. INFORMANT: Martha E. Winter, RR1, Truxton Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma Endometrium Uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 years
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 [X] NO [ ]
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 Dec 1953, to October 10-62 and last saw her/him alive on Oct 10-1962
Death occurred at 9:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent A. Schneider MD
22b. ADDRESS: St Charles, Mo
22c. DATE SIGNED: 10-12-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-14-62
23c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
23d. LOCATION (City, town, or county) (State): Truxton, Mo.

24. FUNERAL DIRECTOR: Geo. Stiefvater — ADDRESS: St. Peters Mo.
25. DATE RECD. BY LOCAL REG.: 10-12-62
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1962

NOV 8 1962

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 Jerry A. Davis

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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.