

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024209

FILED VS JUL 7 1960

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 135

ENDED

1. PLACE OF DEATH a. COUNTY St Charles Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Rt 2		Length of stay in 1b 65 yrs	c. CITY OR TOWN St Charles Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Ruarl Rt 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leo Middle H. Last Hackmann			4. DATE OF DEATH Month June Day 26 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/7/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) St Charles Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Hackmann		13b. MOTHER'S MAIDEN NAME Juliana Lehker		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 722-01-5994	17. INFORMANT Hugo Hackmann St Charles 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) Vaso motor Collapse		INTERVAL BETWEEN ONSET AND DEATH minutes
DUE TO (b) Coronary artery Thrombosis		24 hrs
DUE TO (c) 3rd Degree Heart Block		2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Decompensation With Anasarca		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	
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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 Month, Day, Year a.m. p.m.		

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 St Charles Mo	COUNTY St Charles Co. Mo	STATE
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21. I attended the deceased from **Jan 1959** to **June 26, 1960** and last saw ^{her}him alive on **June 25, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. R. Harrington D.O.	(Degree or title)	22b. ADDRESS St Charles Mo	22c. DATE SIGNED June 27, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/29/60	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetary	23d. LOCATION (City, town, or county) St Charles Co. Mo	(State)
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24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 28, 1960	26. REGISTRAR'S SIGNATURE Mareesa Wilson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 15 1960

YS DEC 23 1960

0961 8 1 100

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

David C. Rowe

Licensed Embalmer No. 5060

P. O. Address St. Charles

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