

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41695

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5724 Registrar's No. 130

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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1. PLACE OF DEATH a. COUNTY <u>Macon Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Rural Eagle Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>East Township</u>	
3. NAME OF DECEASED (Type or Print) <u>Emmie Elisabeth Hackler</u>		4. DATE OF DEATH <u>12-4-1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 16 1860</u>	
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>5</u> DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping Shelby Co. Ky</u>	
11. BIRTHPLACE (State or foreign country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Hiram Hackler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Efferon</u> ADDRESS <u>Macon, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Low Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
ANTECEDENT CAUSES (b) <u>Probable tumor type undetermined</u>			
II. OTHER SIGNIFICANT CONDITIONS (c) <u>none</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>48</u> , to <u>4 Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4 Dec</u> , 19 <u>49</u> , and that death occurred at <u>3:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald E Eggleston M.D.</u>		23b. ADDRESS <u>Macon, Missouri</u>	
23c. DATE SIGNED <u>7 Dec 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>East Township Macon MO</u>	
DATE REC'D BY LOCAL REG. <u>12/6/49</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u>		ADDRESS <u>Atlanta, Mo</u>	

RECEIVED 12/13/49  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12/49/60  
Date Filed 12/23/49

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. 347

working under my personal supervision.

Student George W. Davall  
Student Embalmer

Signed H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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 this body is not embalmed, fact should be so stated above.