FILED NOV 3 - 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33739

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 31

**1. PLACE OF DEATH**
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Sprkngs TWP
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs, TWP Rural
d. STREET ADDRESS (If rural, give location): 0460

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN
b. (Middle): HOMER
c. (Last): HACKETT

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 25, 1954

**5. SEX**: Male 9
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: July 19, 1888
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: 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** (State or foreign country): Ransomville, Kan. 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Samuel Seeton Hackett
**13b. MOTHER'S MAIDEN NAME**: Almira Harlan
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: 722-10-2718
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Milo R. Hackett WillowSprings, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound in head — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 22 Cal. Shot in R. Temple
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: E976X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): in home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Willow Springs, Willow Springs, Howell Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 10/25/54 6:00a m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Shot self with 22 Revolver

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:00A m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joe R. Duncan Coroner
**23b. ADDRESS**: Mtn View, Mo.
**23c. DATE SIGNED**: 10-25-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10/26/54
**24c. NAME OF CEMETERY OR CREMATORY**: Ottawa cemetery
**24d. LOCATION** (City, town, or county) (State): Ottawa, Kansas

**DATE REC'D BY LOCAL REG.**: Oct. 30, 1954
**REGISTRAR'S SIGNATURE**: Marthalee Ballard 387-a
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Bunns Willow Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 .....
Student Embalmer

Signed ~~Fred My~~ Joyce C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.