

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21147

State File No.

FILED JUN 19 1956

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 4302 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Rocky Comfort</u>		c. CITY OR TOWN <u>Rocky Comfort</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0600</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Sarah</u>	b. (Middle) <u>Caldonia</u>	c. (Last) <u>Hackney</u>	June	9	1956
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept-2-1877</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>7</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jane Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Slinkard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ford</u>	
14. NAME OF HUSBAND OR WIFE <u>William J. Hackney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Louise Corlin</u>		17. ADDRESS <u>Rocky Comfort, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		21a. SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0600</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 22 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fall in house</u>		22. I hereby certify that I attended the deceased from <u>1/22/56</u> , 19 <u>56</u> , to <u>6/5/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>56</u> , and that death occurred at <u>8:35</u> pm., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Randal N. Ochs M.D.</u>	
23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>6/11/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald Co. Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>		25. ADDRESS <u>Wheaton Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 16, 1956</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Fractured hip.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Accidental fall at home</u>			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0600</u>	
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25. ADDRESS <u>Wheaton Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 16, 1956</u>		REGISTRAR'S SIGNATURE <u>D. O. Plumber</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
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DATE REC'D BY LOCAL REG. <u>June 16, 1956</u>		REGISTRAR'S SIGNATURE <u>D. O. Plumber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>	
25. ADDRESS <u>Wheaton Mo.</u>					

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 *Paul D. Herbert*

Licensed Embalmer No. *45*

P. O. Address *Cassville*

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.