

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35352**

FILED NOV 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>235</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>GERALD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3360</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN WINSSEL</u>		b. (Middle) _____		c. (Last) <u>HACKMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-29-57</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9-8-1881</u>	
9. AGE (In years) (Month) (Day) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERALD MO.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY HACKMANN</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE TEGELER</u>		14. NAME OF HUSBAND OR WIFE <u>ADDIE NEE FARRAR</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>495-22-0843</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.R. Golden Belle, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT 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>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Oct 15</u> , 19 <u>57</u> , to <u>Oct 29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>57</u> , and that death occurred at <u>11:00 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Bryan MD</u>				23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>10-31-57</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>11-1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourff</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald Franklin Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-31-57</u>		REGISTRAR'S SIGNATURE <u>J.P. Steinhilber</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.P. Steinhilber Gerald Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

79-0

NOV 19 1957

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 *Stanley E. Meyer*
Licensed Embalmer No. *4639*
P. O. Address *Union 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.