V.S. No. 300
Rev. 10.48

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39027
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 300 Registrar's No. 411

4

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Home # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: La Grange
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 056

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): HACKAMACK
c. (Last): HACKAMACK

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: July 4, 1867
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Lewis, Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Henry Hackamack
13b. MOTHER'S MAIDEN NAME: Hanna Nailer
14. NAME OF HUSBAND OR WIFE: Sally Hackamack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Brook Hackamack, Novinger, Mo.
ADDRESS

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) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular Collapse — days
DUE TO (c) Arteriosclerotic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Uremia — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES [ ] NO [X]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1-, 1957, *to* 12-1-, 1957, *that I last saw the deceased alive on* 12-1-, 1957, *and that death occurred at* 8 00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Scheuer D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 12-2-57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: Dec. 4, 1957
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Dover
24d. LOCATION (City, town, or county) (State): Lewis, Co. Missouri

DATE REC'D BY LOCAL REG.: 12-2-1957
REGISTRAR'S SIGNATURE: Dora W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Ball
ADDRESS: Ewing, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

535

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Farmwell, Ma

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