

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009327
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City OR TOWN Jefferson City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN R. R. # 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R # 1		d. STREET ADDRESS (If outside, give location) Jefferson Township Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OSCAR HACKMAN First Middle Last		4. DATE OF DEATH MARCH 2, 1958 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Sinclair Oil Co		10b. KIND OF BUSINESS OR INDUSTRY Co	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 4 Days 12 Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Cole County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Hackman		14. MOTHER'S MAIDEN NAME Emma Kaiser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4201	
17. INFORMANT Mrs. Oscar Hackman		Address J C Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____			INTERVAL BETWEEN ONSET AND DEATH few weeks 3 or 4 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 8/58 to March 3/58 and last saw her at home 3-2-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dean D. Taylor M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 3-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/5/58	23c. NAME OF CEMETERY OR CREMATORY Resurrection	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J C Mo.		25. DATE RECD. BY LOCAL REG. 8 March 1958	
		26. REGISTRAR'S SIGNATURE R. P. Dorris, M.D. M.R.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

MAR 17 1958

VS JUL 11 1961

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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... *James E. Eynard*

Licensed Embalmer No. 49

P. O. Address *J. E. Eynard*

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