Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002124
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: MONITEAU
c. CITY OR TOWN: California CLY! — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 Mi N.E. California — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ida Middle: Smith Last: Hackney
4. DATE OF DEATH: Month: Jan Day: 31 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 15 1887
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months: 8 Days: 16 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: No
11. BIRTHPLACE (City and state or country): California Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Absolom Smith
13b. MOTHER'S MAIDEN NAME: Sarah Jane Hayter
14. NAME OF HUSBAND OR WIFE: Don Hackney
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.: No
17. INFORMANT: Don Hackney Address: California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1954, to Jan 31, 1959 and last saw her/him alive on January 29, 1959
Death occurred at 7:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leon M Gallagher (Degree or title): MD
22b. ADDRESS: California, Mo.
22c. DATE SIGNED: 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-2-1959
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): California Mo.

24. FUNERAL DIRECTOR: Hugh E Williams ADDRESS: California Mo
25. DATE RECD. BY LOCAL REG.: 2-2-59
26. REGISTRAR'S SIGNATURE: Helen L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS FEB 19 1960

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 ...Hugh E. Williams...

Licensed Embalmer No....3537....

P. O. Address....California M

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.