

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014456  
STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 27

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Worthington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Worthington</u> <u>0860</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>6 YEARS</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Tona Dudley Hackney May 1 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH Dec. 18 1885  
2 WIDOWED  DIVORCED  9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Putnam County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harvey R. Hackney 13b. MOTHER'S MAIDEN NAME Ollie Christy 14. NAME OF HUSBAND OR WIFE Ida Hackney

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. 485-14-0501 17. INFORMANT Address Mrs Evah Schnelle Lemons, 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) Cerebral edema  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis  
 DUE TO (c) hypertension  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cherity  
 INTERVAL BETWEEN ONSET AND DEATH 10 months  
years  
 19. WAS AUTOPSY PERFORMED? YES  NO  2

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  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 Death occurred at May 30-59 to May 31 and last saw him alive on May 1-59 at 5:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles J. Comstock 22b. ADDRESS Unionville Missouri 22c. DATE SIGNED 5-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 3 1959 23c. NAME OF CEMETERY OR CREMATORY Lemons Cemetery 23d. LOCATION (City, town, or county) (State) Lemons, Missouri

24. FUNERAL DIRECTOR ADDRESS Comstock Funeral Home 25. DATE RECD. BY LOCAL REG. 5-5-59 26. REGISTRAR'S SIGNATURE Marvell Dushin  
J.W. Comstock Unionville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 W. Pomatoch* .....  
Licensed Embalmer No. *4197* .....  
P. O. Address *Unionville,* .....

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.