

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035602

FILED VS. SEP 19 1960

251

Primary Registration District No. 3048

Registrar's No. 216

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Length of stay in 1b <b>2 years</b>	c. CITY OR TOWN <b>Maryville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>326 Grand Avenue</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>326 Grand Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MABEL</b> Middle <b>C.</b> Last <b>HACKNEY</b>			4. DATE OF DEATH Month <b>9</b> Day <b>16</b> Year <b>60</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/12/73</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Washington, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>William G. Rogers</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Gallier</b>	14. NAME OF HUSBAND OR WIFE <b>Ed T. Hackney, dec.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Charles R. Bell, Maryville, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral Hemorrhage &amp; partial paralysis</b>	<b>2 1/2 weeks</b>
	DUE TO (c) <b>Generalized arteriosclerosis &amp; hypertension</b>	<b>Several years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <b>7:00</b> Month, Day, Year <b>9-16-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>12-23-57</b> to <b>9/16/60</b> and last saw <b>rel</b> alive on <b>9-15-60</b> Death occurred at <b>7:00</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>W.K. Jachan M.D.</b>	22b. ADDRESS <b>Maryville, Missouri</b>	22c. DATE SIGNED <b>9-16-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>9/17/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prairie Lawn</b>	23d. LOCATION (City, town, or county) (State) <b>Wellington, Kansas</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-16-60</b>	26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

SEP 21 1962 SEP 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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