

CERTIFICATE OF DEATH

FILED VS SEP 21 1960

-60-036157

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9084

MAILED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI		Length of stay in 1b 11 days		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Ravine St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THEODORE Middle WILLIAM Last HACKMAN				4. DATE OF DEATH Month SEPTEMBER Day 13 Year 1960				
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 7/13/1906		
9. AGE (last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Owner		11. BIRTHPLACE (City and state or country) Hartsburg, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Samuel Hackman			13b. MOTHER'S MAIDEN NAME Pauline Hackman			14. NAME OF HUSBAND OR WIFE Martha Pearl Hackman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 490-07-0566		17. INFORMANT Address Mrs. Martha Hackman, Fulton, 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) HEPATOMA WITH GENERALIZED METASTASES DUE TO (b) _____ DUE TO (c) 155.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 6 YEARS	
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 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
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 _____		
21. I attended the deceased from APRIL 15, 1943 to SEPT. 13, 1960 and last saw her/him alive on SEPT. 13, 1960 Death occurred at 8:04 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. R. BRADLEY, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/14/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-16-60		23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Cemetery		23d. LOCATION (City, town, or county) Callaway Co., Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. SEP 14 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

FEB 1 1961

SEP 3 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer R. Cadwell

Licensed Embalmer No. 407

P. O. Address St Louis

JAN 11 1961

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.