

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5796 State File No. 25704
3046 Registrar's No. 27

FILED JUL 25 1953

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY Moniteau Co			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker		c. LENGTH OF STAY (in this place) 60 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker 0680		d. STREET ADDRESS (If rural, give location) Rt # 4, California, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 4, California, Mo			d. STREET ADDRESS (If rural, give location) Rt # 4, California, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Theodosia c. (Last) Hackney			4. DATE OF DEATH (Month) (Day) (Year) July 1 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17 1876	9. AGE (In years last birthday) 77	10. MONTHS 3
11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Wm Marion Cook	13b. MOTHER'S MAIDEN NAME Sarah Phelan	14. NAME OF HUSBAND OR WIFE Robert Hackner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Hackney Eston			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiac vasculogen				INTERVAL BETWEEN ONSET AND DEATH 1 year
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis				DUE TO (b) year
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1953 to July 1953 , that I last saw the deceased alive on July 31, 1953 and that death occurred at 10/25 PM , from the causes and on the date stated above.					
23a. SIGNATURE Robert C. Dwyer		23b. ADDRESS 105 Jefferson City		23c. DATE SIGNED 7-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/4/53	24c. NAME OF CEMETERY OR CREMATORY Old Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) McGirk Mo		
DATE REC'D BY LOCAL REG. July 20/53	REGISTRAR'S SIGNATURE H. L. Popejoy	25. FUNERAL DIRECTOR'S SIGNATURE Earl Boudin - California			

JUN 26 1956

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
Student Embalmer

Signed Earl Franklin

Licensed Embalmer No. 7126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.