

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008099

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 70

STATE FILE NUMBER

FILED MAR 17 1961

1. PLACE OF DEATH a. COUNTY <u>COLE</u> <u>Jefferson Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> by COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>JEFFERSON CITY Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3-Mi N.W. RURAL</u>		d. STREET ADDRESS (If outside, give location) <u>3 Mi N.W. RURAL</u>	

3. NAME OF DECEASED (Type or print) First <u>LEWIS</u> Middle <u>KENNEY</u> Last <u>HACKNEY</u>			4. DATE OF DEATH Month <u>MAR.</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-10-1913</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIARYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>		11. BIRTHPLACE (City and state or country) <u>California Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>ARCH HACKNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE KINNEY</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Coole</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>538-09-2816</u>	
17. INFORMANT <u>Mrs Lucy Coole HACKNEY</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous</u> DUE TO (b) <u>Carcinoma lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u> <u>2 years</u>	

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 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 Dec 1 60 to 3-10-61 and last saw him alive on 3-10-61.
Death occurred at 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Dean Taylor M.D.</u>		22b. ADDRESS <u>Jefferson City</u>		22c. DATE SIGNED <u>3-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CENTERTOWN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Centertown Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Hugh E. Williams California Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11 March 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. Registrar</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

VS MAR 20 1961

VS MAR 21 1961

JUL 20 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh E. Hellman

Licensed Embalmer No. 3537

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.