

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13738

Registration District No. 23

Primary Registration District No. 3006-5-178

Registrar's No. 46

1. PLACE OF DEATH:

(a) County **BOONE**
(b) City or town **COLUMBIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BOONE COUNTY**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAYS** (Specify whether
In this community **LIFE** (Specify whether
years, months or days)

3. (a) PRINT
FULL NAME **HELEN IRENE ACTON**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XX**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **AUBREY ACTON** 6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased **JUNE 17 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 9 26 hr. min.

9. Birthplace **BOONE COUNTY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **H USE WIFE**

11. Industry or business

MOTHER FATHER { 12. Name **C.D. HAWKINS**
13. Birthplace **BOONE COUNTY MO**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY BENNETT**
15. Birthplace **BOONE COUNTY MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **AUBREY ACTON**(b) Address **ROUTE 4**17. (a) **BURIAL** (b) Date thereof **APR 14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **NASHVILLE CEMETARY**18. (a) Signature of funeral director **C. O. Killebrew**(b) Address **COLUMBIA**19. (a) **4-14** (b) **C. O. Killebrew**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE**
(c) City or town **COLUMBIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **ROUTE 4** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **13th**
year **1942** hour **8:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 11**
1942 to **April 13** 1942
that I last saw her alive on **April 13** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

**Bilateral pneumonia
complicated by acute
pericarditis - bilateral
acute pleuritis - and
General acute peritonitis -
and acute nephritis -**

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy **as above given**

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature **Edw. C. Schmidt** (or other)
Address **Unitar Bldg. Columbia** Date signed

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

MAY 12 1942

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x 1

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13738

Registration District No. _____

Primary Registration District No. 3006

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____

3. (a) PRINT FULL NAME Nelen J. Acton

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex I 5. Color or race W 6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June - 17
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 20 If less than one day
min. _____

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Boone

- (c) City or town Columbia
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 13
Year 1942 Hour _____ Minute 10 A.M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____

that I have seen him/her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral

pneumonia - complicated

by acute pericarditis - bilateral

Due to acute pleuritis - and

general acute peritonitis

Due to and acute nephritis

(Cause unknown)

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edmund Schmitt

Address Columbia, Mo. Date signed 4/22

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

SUPPLEMENTARY

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2010. The number of people aged 65 and over is expected to increase by 1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2010. The number of people aged 65 and over is expected to increase by 1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2010.

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 250 million to 450 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion, and the number of people aged 65 and over is expected to increase by 1 billion. The number of people aged 65 and over is expected to increase from 1.5 billion in 1990 to 2.5 billion in 2020. The number of people aged 65 and over is expected to increase from 1.5 billion in 1990 to 2.5 billion in 2020. The number of people aged 65 and over is expected to increase from 1.5 billion in 1990 to 2.5 billion in 2020.
