

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Howell</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs R#2</b>		c. LENGTH OF STAY (In this place) <b>12 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs, R#2, Mo.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Solom</b> c. (Last) <b>ACKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1949.</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1872</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 100 HRS. Hours <b>12</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Spencer, Iowa.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Silas R. Acker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Long</b>	14. NAME OF HUSBAND OR WIFE <b>Celia R. Acker</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Celia R. Acker, Willow Spgs, Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Stenosis</b>		underman
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; Arteriosclerosis</b>		
DUE TO (c)		II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/29/49**, 19\_\_\_, to **5/30/49**, 19\_\_\_, that I last saw the deceased alive on **5/29/49**, 19\_\_\_, and that death occurred at **8 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas Francis D.O.</b>	23b. ADDRESS <b>Willow Springs, Mo.</b>	23c. DATE SIGNED <b>6/1/49.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/3/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/10/49</b>	REGISTRAR'S SIGNATURE <b>Murdock Ballou</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Burns Funeral Home</b>	ADDRESS <b>Willow Spgs, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

46  
0  
0

RECEIVED 6/16/49  
District Health Officer No. 5,  
District File Number 649452  
Date Filed 6/16/49

VS  
JUN 20 1949  
SA

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.

*Fred W. Barnes*

Signed Fred W. Barnes

Signed.....  
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, Mo.

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.