

FILED AUG 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27328

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5592		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri; b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Hematite		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Hematite		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (First) (Type or Print) Blanche		b. (Middle) Lee		c. (Last) Ackley		4. DATE OF DEATH (Month) (Day) (Year) Aug 12, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 24, 1882	
9. AGE (In years) (Months) (Days) (Hours) (Min.) 67 10 21		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Andrew Ackley		13b. MOTHER'S MAIDEN NAME Frances E. Kins		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dr. Murray Ackley		ADDRESS Springfield, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis Chronic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis Chronic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 542X				INTERVAL BETWEEN ONSET AND DEATH unk unk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Aug 10, 1950, to Aug 12, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 11:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry G. Skitnik				23b. ADDRESS Jctus Mo		23c. DATE SIGNED 8/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Hematite Cemetery		24d. LOCATION (City, town, or county) (State) Hematite Missouri	
DATE REC'D BY LOCAL REG. 8-18-50		REGISTRAR'S SIGNATURE Eleanor Province		25. FUNERAL DIRECTOR'S SIGNATURE J. Small		ADDRESS Jctus Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-22-50

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 _____

Donnell B. Bahr

Licensed Embalmer No. *4104*

P. O. Address _____

Debate 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.