

No. 300  
10. 48

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32346

State File No. ....

120  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6143 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lentner, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> <u>4160</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None Automobile Accident</u>		d. STREET ADDRESS (If rural, give location) <u>2424 Kielen, Street</u>	
3. NAME OF DECEASED a. (First) <u>Katherin N.</u> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-29-1948</u>
9. AGE (In years last birthday) <u>2</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter J. Ackerley</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Rae Ackerley</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		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 <u>John T. Belford Cheyenne, Wyoming</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>We the jury find that Katherine ANTECEDENT CAUSES R Ackerley and Katherine N. Ackerley DUE TO (b) Come to their death by an unavoidable accident in an automobile owned by Walter Ackerley</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>and operated by Roland R. Monge</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>58194</u> <u>31</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>mile west of Lentner</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shelby Mo. 102</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-26-1950 5:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident. Hitting end of bridge.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Becker, Mo</u>	
23c. DATE SIGNED <u>10-5-1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Million &amp; Barkelew</u>	
DATE REC'D BY LOCAL REG. <u>10-6-50</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> <u>419</u>	
ADDRESS _____		ADDRESS <u>Shelbina, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 9 1950  
DISTRICT HEALTH OFFICE  
District File Number 10-50  
Date Filed: OCT 9 1950

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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelton, 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.