

FILED DEC 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35093

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 50 63 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Barton City Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Barton City Twp.	
c. LENGTH OF STAY (In this place) 2 1/2 Mo		d. STREET ADDRESS (If rural, give location) Route 1 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Thomas c. (Last) Acre			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1950		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 22, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Duberry, Ind.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Laura Manser Acre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. W. R. Acre Iantha, Mo.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic condition		INTERVAL BETWEEN ONSET AND DEATH 15 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic tumor		
	DUE TO (c) Prostate hypertrophy - not malignant (Camp. reports)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) LAWAR Barton Mo
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?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Dec 1, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

23. SIGNATURE R. Guedner (Degree or title)	23b. ADDRESS LAWAR	23c. DATE SIGNED 12-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Roberts Cemetery	24d. LOCATION (City, town, or county) (State) Neelyville, Missouri
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DATE REC'D BY LOCAL REG. Dec. 1, 1950	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE Clarence & Charles Lomas	ADDRESS Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 8 1950
Dist. File 1250-2439
Date Filed 12-8-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence W. Child

Signed.....
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lena, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.