

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8248

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains Mo</u>				c. LENGTH OF STAY (In this place) _____			
c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>RFD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hospital West Plains Mo.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OMA</u>		b. (Middle) <u>✓</u>		c. (Last) <u>ACKLIN</u>	
4. DATE OF DEATH		(Month) <u>2</u> (Day) <u>14</u> (Year) <u>1951</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>1-29-1911</u>		9. AGE (In years last birthday) <u>40-154</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>OZARK COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G.W. COBLE</u>		13b. MOTHER'S MAIDEN NAME <u>ESTHER COLLINS</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT ACKLIN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT ACKLIN</u>		18. ADDRESS <u>WEST PLAINS MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage & Shock</u> ANTECEDENT CAUSES <u>Placenta Previa</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>8 mo Pregnancy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6706</u>			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-12</u> , 19 <u>51</u> , to <u>2-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>51</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Stoll</u> (Degree or title) _____				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>3/3/51</u>	
24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>2-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DRIPPING SPRINGS</u>		24d. LOCATION (City, town, or county) <u>West Plains Mo</u> (State) <u>RFD</u>	
DATE REC'D BY LOCAL REG. <u>3/13/51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Robert Cook</u>		ADDRESS <u>West Plains Mo</u>	

(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 MAR 19 1951

Dist. File 351-607

Date Filed 3-22-51

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.

Signed D. D. Robertson

Signed _____
Student Embalmer

Licensed Embalmer No. 3432

P. O. Address 2401 Plains 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.