

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20668

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4286		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange 0560					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print)		a. (First) Inez		b. (Middle) M.		c. (Last) Accola			
		4. DATE OF DEATH		(Month) (Day) (Year)		April 30, 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Sept. 17, 1881			
9. AGE (In years, last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LaGrange, Missouri 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Chas. Klusmeier		13b. MOTHER'S MAIDEN NAME Anna Zellers		14. NAME OF HUSBAND OR WIFE Stephen Accola			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne Wells		ADDRESS Lewistown, 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) CORONARY INSUFFICIENCY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20 Hours 2 YRS 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 FEB 1949 to APRIL 30, 1951, that I last saw the deceased alive on APRIL 29, 1951, and that death occurred at 10:10 a.m., from the causes and on the date stated above.									
23a. SIGNATURE W F Elley M.D.		(Degree or title)		23b. ADDRESS La Grange Mo		23c. DATE SIGNED 5/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Riverview		24d. LOCATION (City, town, or county) (State) LaGrange, Missouri			
DATE REC'D BY LOCAL REG. 51		REGISTRAR'S SIGNATURE P.W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Bailey		ADDRESS La Grange, Mo.			

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

Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2 1192
District File Number 7-51-493
Date Filed: JUL 3 1951

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

J. Kenneth Bailey
Licensed Embalmer No. 4348

P. O. Address *La Grange, Ill.*

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.