

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4269

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 406 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Spg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Spg. 8200</u>	
c. LENGTH OF STAY (in this place) <u>25</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Lu</u>	c. (Last) <u>Acock</u>
4. DATE OF DEATH	(Month) <u>2-</u>	(Day) <u>7-</u>	(Year) <u>1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>3-30-1871</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Abraham Acock</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Amos</u>	14. NAME OF HUSBAND OR WIFE <u>Della Acock</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 ADDRESS <u>Albert Acock, Jerico Spg.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Hepatitis and anemia</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 mo	
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)	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 <u>8-2</u> , 19 <u>51</u> , to <u>2-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-22</u> , 19 <u>52</u> , and that death occurred at <u>3:4</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W B Amstutz MD</u>	23b. ADDRESS <u>Jerico Spg</u>	23c. DATE SIGNED <u>2-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amos Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 11, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Velma Colas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. O. Long, Jerico Spg.</u>	

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

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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 _____

[Handwritten Signature]

Licensed Embalmer No. 3714

P. O. Address JERICHO, N.Y.

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.