

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4799

No. 300
10-48
FILED MAR 10 1952

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>Pomona</u>		c. LENGTH OF STAY (If this place) <u>79 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pomona</u>		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>R 2 D - 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ida</u> c. (Last) <u>Acklin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>1-15-1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>		11. IF UNDER 24 HRS. Hours <u>2</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Greenway</u>			13b. MOTHER'S MAIDEN NAME <u>W</u>			14. NAME OF HUSBAND, OR WIFE <u>H Acklin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. of unknown) (If yes, give war or dates of service) <u>✓</u>			16. SOCIAL SECURITY NO. <u>✓</u>			17. INFORMANT'S SIGNATURE OR NAME <u>G. Acklin</u> ADDRESS <u>Howell</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>490x</u>			
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) (Min.) _____		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>Jan. 15, 1952</u> to <u>Jan. 17, 1952</u> , that I last saw the deceased alive on <u>Jan. 17, 1952</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Richard L. Smith D.O.</u>				23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>1-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>1-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dripping Springs, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-52</u>		REGISTRAR'S SIGNATURE <u>Montalee B. Ball</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts</u>		ADDRESS <u>West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

D. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address

West Haven, Conn.

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.