

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27072

State File No. \_\_\_\_\_

SEP 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Barry 0051</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry 0051</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	c. LENGTH OF STAY (In this place) <u>1 hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1000 - Bond St.</u>	

3. NAME OF DECEASED (Type or Print) <u>William Eugene Acuff</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar-28-1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Cafe owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (State or foreign country) <u>Graydon Springs, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
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13a. FATHER'S NAME <u>Wm. Nelson Acuff</u>	13b. MOTHER'S MAIDEN NAME <u>Lda. Sell</u>	14. NAME OF HUSBAND OR WIFE <u>Edna King Acuff</u>
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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. <u>487-22-2306</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Acuff - Wife</u>	ADDRESS <u>Monett Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 3 hrs</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u>		12 yrs	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTO PSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 14, 1951 to Aug 24, 1952 that I last saw the deceased alive on Aug 24, 1952 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Edwards M.D.</u> (Degree or title)	23b. ADDRESS <u>Monett, Mo</u>	23c. DATE SIGNED <u>Aug 28, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 28-1952</u>	REGISTRAR'S SIGNATURE <u>Walter A. Worthington</u> 465-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Buchanan</u>	ADDRESS <u>Monett Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

OCT 6 1957 100

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. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monroeville 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.