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S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1938

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

FILED JAN 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5592 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROCK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ST. LOUIS CO. MO</u> <u>0500</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>ELLISVILLE MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HIGHWAY #21 NEAR ROCK CREEK</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ARCHIE</u> c. (Last) <u>ACRES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1 1953</u>		
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>APR 10. 1934</u>		9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ONEIDA, TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL WORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ONEIDA, TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>LEOYD ACRES.</u>		13b. MOTHER'S MAIDEN NAME <u>ARTIE ACRES</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES</u> <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>410-52-0141</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HORACE DAVIDSON ELLISVILLE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u>  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
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (If not at home, give street, city, county, state, and zip) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial R.R. Jefferson MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) <u>1/5/53</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>	
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22. I hereby certify that I attended the deceased from 1/1/53, 1953, to 1/1/53, 1953, that I last saw the deceased alive on 1/1/53, and that death occurred at 1/1/53 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. Edwards M.D. Corner 3</u>			23b. ADDRESS <u>Bedford Hill Mo.</u>		23c. DATE SIGNED <u>1/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>JAN 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCUM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ONEIDA, TENNESSEE</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Beth J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL MO</u>	
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JAN 6 1953

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 Elmer A. Whiting

Licensed Embalmer No. 3571

P. O. Address Imperial 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.