

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

102389

FILED MAR 31 1953

State File No. \_\_\_\_\_  
Registrar's No. 153

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived, 12 months before admission) a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOPLIN GENERAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2422 MANITOU</b>	

3. NAME OF DECEASED (Type or Print) <b>THEODORE ACKERMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 19, 1953</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 29, 1900</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRANSMISSION DEPT.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AMERICAN TEL. &amp; TEL.</b>	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CHARLES ACKERMAN</b>	13b. MOTHER'S MAIDEN NAME <b>PEARL COBLER</b>	14. NAME OF HUSBAND OR WIFE <b>ERMEL ACKERMAN</b>
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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) <b>UNK</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ERMEL ACKERMAN, 2422 MANITOU, JOPLIN</b>	ADDRESS <b>2422 MANITOU, JOPLIN</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Pulmonary embolism</b> <b>Mural thrombus lodged in junction external iliac &amp; femoral artery</b> <b>gangrene right leg</b>		<b>acute</b> <b>15 hrs</b> <b>2-16-53</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mesenteric thrombosis - Decomp - 2 days</b> <b>myocardial infarction</b> <b>malignant hypertension</b>			

19a. DATE OF OPERATION <b>2-21-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Multiple thrombi throughout circulation leg</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>443X</b>
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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. 1951**, to **3-19-53**, that I last saw the deceased alive on **3-19-53**, and that death occurred at **10:10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>Joplin, Mo</b>	23c. DATE SIGNED <b>3/23/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-21-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>3-25-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS
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RECEIVED 3-30-53  
Jasper County Health Office

County File Number 53/3/297

Date Filed 3-31-53

FEB 23 1953

85618 JPR  
8 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.....

.....  
working under my personal supervision.

..... Student Embalmer No. ....

Signed Steve Packer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address 2012 W. 1st St.

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.