

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15134**

FILED APR 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Pemscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. LENGTH OF STAY (In this place) <u>5 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		d. STREET ADDRESS (If rural) (If location in institution) <u>309 Eastwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 Eastwood Ave</u>				d. STREET ADDRESS (If rural) (If location in institution) <u>309 Eastwood</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u>			b. (Middle)		c. (Last) <u>ACKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1953</u>
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept-13-1892</u>		9. AGE (In years, if under 1 year last birthday) Months Days Hours Min. <u>60 6 37</u>	10. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Milan Tenn</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Horton</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Hedford</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Ackinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Ackinson, Malden Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Pyonephrosis</u>					<u>3 months</u>
		DUE TO (c) <u>Cystitis</u>					<u>6 months</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, Decubitis ulcers</u>					<u>19 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>605x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>April 8, 1953</u> , to <u>April 10, 1953</u> , that I last saw the deceased alive on <u>April 10, 1953</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daniel B. Hamley M.D.</u>				23b. ADDRESS <u>114 W. 4th St Caruthersville</u>		23c. DATE SIGNED <u>4/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-13-1953</u>		REGISTRAR'S SIGNATURE <u>Pessie B. Nicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bright Funeral Home</u>		ADDRESS <u>Malden Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

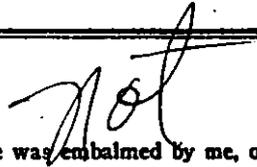
782  
1

4-131-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

APR 15 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.