

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

DR. HALL

State File No. ....

FILED JAN 25 1954

BIRTH NO. ....		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. <u>MISSOURI</u> b. <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>800 E. MADISON</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>		a. (First) <u>M.</u>		b. (Middle) <u>ACUFF</u>		c. (Last) <u>ACUFF</u>	
4. DATE (Month) (Day) (Year) DEATH <u>JAN. 19, 1954</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 15 1875</u>	
9. AGE (in years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>ADRIAN COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ADVERTISING MGR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWSPAPER</u>					
13a. FATHER'S NAME <u>JOSEPH ACUFF</u>		13b. MOTHER'S MAIDEN NAME <u>LIZIA GREEN</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-03-8284</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT ACUFF</u> ADDRESS <u>SPFLD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation and inanition</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinoma cardia of stomach and esophagus.</u> DUE TO (c) <u>Primary adenocarcinoma greater curvature of stomach.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other than age.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>3 months</u>  <u>4 months</u>	
19a. DATE OF OPERATION <u>1-7-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma greater curvature of stomach with metastasis</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) (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>Sept 23</u> , 19 <u>49</u> , to <u>Jan 19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 19th</u> , 19 <u>54</u> , and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Hall M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>1-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER</u> <u>SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1954

FEB 18 1955

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### 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.....  
Signature of Student Embalmer

Signed *Walter E. Hamilton*

Licensed Embalmer No.....386

P. O. Address SPRINGFIELD,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.