

34646

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1254BIRTH NO. REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Glaize - LAKE OZARK</u>		c. CITY OR TOWN <u>LAKE OZARK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0660</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>ACKERMAN</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 12, 1888</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Baker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John Ackerman</u>	

13b. MOTHER'S MAIDEN NAME <u>Watzke</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha R. Ackerman</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>334-24-5466</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Wilson</u>		ADDRESS <u>LAKE OZARK</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulation</u> DUE TO (c) <u>Suicide</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 974X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lake Ozark Miller Mo.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Oct. 7, 1954 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>	

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Humphreys, D.O. Coroner</u>		23b. ADDRESS <u>Tuscumbia, Missouri</u>		23c. DATE SIGNED <u>Oct. 9, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>	
24d. LOCATION (City, town, or county) (State) <u>CHICAGO ILL.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis M. Phillips</u>		ADDRESS <u>Edison</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Wm. C. R. Hawkins</u>		193-3	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

FILED NOV 1 - 1954

MS
OCT 9 1959

NOV 1 1959

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.....
Louis N. Phelicio

Licensed Embalmer No. *364*

P. O. Address.....
Esca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.