

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

139

State File No.

BIRTH NO. <u>59</u>		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>0105</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0105</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				STREET ADDRESS (If rural, give location) <u>Boone County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>Daniel</u>		c. (Last) <u>Acton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>28</u> <u>55</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>January 24-55</u>	
9. AGE (in years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Owen Ray Acton</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Irene Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-----</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Owen Ray Acton</u> ADDRESS <u>Columbia, Mo. 620 Hunt Rd.</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>ATELETASIS (CONGENITAL)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>JAUNDICE CAUSE? (MOTHER HAD HEPATITIS DURING 6-7 MONTH PREGNANCY)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>SINCE BIRTH</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</u>				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 24, 1955</u> , to <u>Jan. 28, 1955</u> , that I last saw the deceased alive on <u>Jan. 28, 1955</u> , and that death occurred at <u>10:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Reuch M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>1-29-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Smith</u> ADDRESS <u>Columbia Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not}embalmed

~~by me, ~~embalmer~~~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Lynard H. Spunkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.