

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3919

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5118</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>010 03</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oregon</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Missouri</u>)		c. LENGTH OF STAY (in this place) <u>--</u>		c. CITY OR TOWN <u>Bend</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>5 Mi. W. Columbia, Hiwy. 40</u>				STREET ADDRESS (If rural, give location) <u>1805 M. F. St</u> <u>83608</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>		b. (Middle) <u>Roy</u>		c. (Last) <u>Acree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 12, 1935</u>	
9. AGE (in years last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PFC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bend, Oregon</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joe Acree</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>543-34-2416</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Military Records</u> ADDRESS _____			
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>Crushed head chest abdomen</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE BOMBING (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Missouri</u> <u>Boone</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 4 53 6:45 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Thrown under truck in collision</u>			
22. I hereby certify that I attended the deceased from <u>3/4/55</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry H. Sweet Jr. Coroner</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>Mar 3/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/6/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bend</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmette</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home, Columbia, Mo.</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 embalmed
by me, #### For shipping....., Student Embalmer No. Prepa
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Lynman P. 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.