

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

8028

FILED MAR 29 1955

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Hawell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Hawell</u>			
b. CITY (If outside corporate limits, write TOWN and give township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write TOWN and give township) <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>42</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>42</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>Mourae</u>		c. (Last) <u>Acklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>1-20-1878</u>	
9. AGE (in years last birthday) <u>77</u>		10. MONTHS <u>1</u>		11. DAYS <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Theo. Acklin</u>		13b. MOTHER'S MAIDEN NAME <u>Frauer Sheppard</u>		14. NAME OF HUSBAND OR WIFE <u>Elena Acklin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>432-38-8346</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elena Acklin</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>Carcinoma of intestinal tract</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. <u>Senility, malnutrition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>3 mos.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operation</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) <u>West Plains Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
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>1/5</u> , 19 <u>55</u> , to <u>3/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/7</u> , 19 <u>55</u> , and that death occurred at <u>3:45 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. L. Fowler</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains Mo.</u>		23c. DATE SIGNED <u>3/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>3-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lichelle Cem. Ozark Co. Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert L. Duggan
4587

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.