

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Polk 0840</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk 0840</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hope</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hope</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>S. Part of Pleasant Hope</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Part of Pleasant Hope</u>			

3. NAME OF DECEASED a. (First) <u>Coleman</u> b. (Middle) <u>Younger</u> c. (Last) <u>Acock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1955</u>		
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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>Oct. 6, 1886</u>		9. AGE (In years last birthday) <u>68</u>		10. F UNDER 1 YEAR <u>5</u> Months <u>22</u> Days		11. F UNDER 24 HOURS <u>0</u> Min.			
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 <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Near Pleasant Hope, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			

13a. FATHER'S NAME <u>John Acock</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Lusk</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Acock</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Acock Pleasant Hope, Mo.</u>		ADDRESS <u>Pleasant Hope, Mo.</u>	
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
		ANTECEDENT CAUSES Coronary thrombosis with Myocardial infarction						<u>22 days</u>	
		DUE TO (b) <u>Arteriosclerosis</u>						<u>Unknown</u>	
		DUE TO (c) <u>None.</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Mar. 23, 1955, to Mar. 28, 1955, that I last saw the deceased alive on Mar. 28, 1955, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harm R. Agnew D.C. 2</u>		23b. ADDRESS <u>Pleasant Hope, Mo.</u>		23c. DATE SIGNED <u>Mar. 29, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope Cemetery Pleasant Hope Missouri</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>April 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Burdewen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Erwin Pleasant Hope, Mo.</u>		ADDRESS	
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(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

W. C. Erwin

Licensed Embalmer No. *3092*

P. O. Address

Galilee, Mo.

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.