

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10830**

FILED MAR 29 1955

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4549		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Allandale				c. CITY (If outside corporate limits, write RURAL and give township) Allandale			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Elisa		b. (Middle) Annie		c. (Last) Ackley	
4. DATE OF DEATH 2-25-1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 28, 1876		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Own Home			
11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Samuel P. Combs				13b. MOTHER'S MAIDEN NAME Sarah M. Armstrong			
14. NAME OF HUSBAND OR WIFE Guy Ackley				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Fletchall - Allandale, Missouri			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ 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"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) Grant City, Mo (COUNTY) _____ (STATE) _____			
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? _____				22. I hereby certify that I attended the deceased from 27 Nov , 19 50 , to 25 Feb , 19 55 , that I last saw the deceased alive on 25 Feb , 19 55 , and that death occurred at 4 p m., from the causes and on the date stated above.			
23a. SIGNATURE Frank B. Mattheson, MD (Degree or title) MD				23b. ADDRESS Grant City, Mo			
23c. DATE SIGNED 2-27-55				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 2-27-1955				24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery			
24d. LOCATION (City, town, or county) Worth County, Missouri (State) _____				25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee - Grant City, Mo ADDRESS _____			
DATE REC'D BY LOCAL REG. March 25-1955				REGISTRAR'S SIGNATURE Kate E. Dawson 245-1			

(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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Frank City, 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.