

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13059**
3063
Registrar's No.

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Flowers Nursing Home		e. STREET ADDRESS (If rural, give location) 4543 a, S. Compton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) H.	c. (Last) Acklin	4. DATE OF DEATH (Month) (Day) (Year) April 1 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1868	9. AGE (In years last birthday) 87	10. MONTHS 1	11. DAYS 18	12. HOURS 1	13. MIN. 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dispatcher	10b. KIND OF BUSINESS OR INDUSTRY Shell Oil Co.	11. BIRTHPLACE (City and State or Foreign Country) Newton Ill.	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME John Acklin	13b. MOTHER'S MAIDEN NAME Theresa Dorn	14. NAME OF HUSBAND OR WIFE Laura Acklin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unkown	17. INFORMANT'S SIGNATURE OR NAME Ruby Crow	ADDRESS 4543 a. S. Compton
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis 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"/>
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21a. 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332X

22. I hereby certify that I attended the deceased from **March 6, 1955**, to **April 1, 1955** that I last saw the deceased alive on **March 30, 1955**, and that death occurred at **6 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Malcolm Rawell M.D.	23b. ADDRESS 4660 Maryland Ave	23c. DATE SIGNED April 3 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 3, 1955	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) De Soto, Missouri
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DATE REC'D BY LOCAL REG. APR 6 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE McDonnell B. Dietrich	ADDRESS De Soto Mo.
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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.....
Signature of Student Embalmer

Signed *Donnell B. Dietrich*.....

Licensed Embalmer No. *4109*.....

P. O. Address *Del Rio*.....

**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.**