

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15746

State File No.

FILED JUN 14 1955

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY JASPER b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN c. LENGTH OF STAY (in this place) 5 WEEKS d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON c. CITY (If outside corporate limits, write RURAL and give township) DIAMOND d. STREET ADDRESS (If rural, give location) MAIN ST.	
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3. NAME OF DECEASED a. (First) CHARLES b. (Middle) A. c. (Last) ACKERMAN (Type or Print)			4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 55				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT-11-1881	
9. AGE (In years last birthday) 73		# UNDER 1 YEAR Months 7 Days 27		# UNDER 1 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) SPRINGFIELD MO.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORKER				10b. KIND OF BUSINESS OR INDUSTRY PLAINING MILL			
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME HENRY ACKERMAN			

13a. FATHER'S NAME HENRY ACKERMAN		13b. MOTHER'S MAIDEN NAME MARY SHANEY		14. NAME OF HUSBAND OR WIFE PEARL ACKERMAN, DEC'D	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME OSCAR ACKERMAN DIAMOND MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis & atherosclerosis</i> ANTECEDENT CAUSES <i>Lucem Gallbladder</i> DUE TO (b) <i>Ischemic myocardial infarction</i> DUE TO (c) <i>Paralysis of the heart</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 15 yrs 6 weeks 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4200</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
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 April 1950, to 6/7, 1955, that I last saw the deceased alive on 6-7, 1955, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <i>G. A. Schulte, M.D.</i> (Degree or title)		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	
23c. DATE SIGNED 6/9/55			

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-11-55		24c. NAME OF CEMETERY OR CREMATORY EAST LAW N		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO	
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DATE REC'D BY LOCAL REG. **6-10-55** **REGISTRAR'S SIGNATURE** *Edgar J. Jones* **138** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS** **STEVE PARKER MORTUARY JOPLIN MO**

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed JUN 13 1955

JUN 26 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.