

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2342

State File No. ....

FILED FEB 15 1956

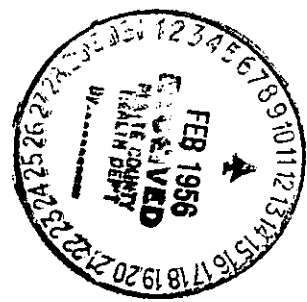
BIRTH NO. ....		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5966</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waldron</u>		c. LENGTH OF STAY (In this place) <u>26 yrs</u>		c. CITY OR TOWN <u>Waldron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				e. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Perry</u> c. (Last) <u>Acord</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 - 1956</u>			
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>May 14 - 1891</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union Star, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
13a. FATHER'S NAME <u>W.S. Acord</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Folks</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Acord</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>707-092-480</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Acord</u>		18. ADDRESS <u>Waldron MO</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Cerebral Accident (apoplexy)</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease</u> DUE TO (c) <u>—</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</u>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21b. TIME (Month) (Day) (Year) (Hour) <u>INJURY</u>		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442x</u>		21e. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>4.21</u> , 19 <u>55</u> , to <u>2.1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7.26</u> , 19 <u>56</u> , and that death occurred at <u>1215 P</u> m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>E. J. Ackley, D.O.</u>			
23b. ADDRESS <u>3917 No. Cleveland, K.C. 16 Mo.</u>		23c. DATE SIGNED <u>2.4.56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4 - 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leeland H. Franklin</u>		25b. ADDRESS <u>9th</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1958

FEB 17 1958  
MAR 2 1958



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 *Leland H. Francis* .....

Licensed Embalmer No. *345* .....

P. O. Address *Parkville* .....

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.