

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9491

State File No. \_\_\_\_\_

FILED APR 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 75

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 Grant St.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Carthage</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>809 Grant St.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>McKinney</u> c. (Last) <u>Ackerson</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 31, 1956</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>April 23, 1887</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>9. AGE</b> (In years last birthday) <u>68</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Lewistown, Ill.</u>	
<b>13a. FATHER'S NAME</b> <u>McKinney</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Coursen</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>A. J. Ackerson</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Katherine Wright, Denver, Colo.</u>			
<b>18. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>Arteriosclerosis, generalized</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>10-9, 1951</u> , to <u>3-31, 1956</u> , that I last saw the deceased alive on <u>3-26, 1956</u> , and that death occurred at <u>4:10 P.m.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>Frank H. Bismar</u> M. D.				<b>23b. ADDRESS</b> <u>Carthage, Mo.</u>		<b>23c. DATE SIGNED</b> <u>4-2-56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>4-5-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-4-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>E. J. Clinton</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ulmer Funeral Home, Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 12 1956  
Jasper County Health Office  
County File Number 56-4-316  
Date Filed APR 12 1956

### 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 *William G. Fulk*

Licensed Embalmer No. *46*

P. O. Address *Cantray*

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.