

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH26294
State File No.

FILED SEP -10 1956

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>56</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: institution badge & admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeric SPR.</u>		c. LENGTH OF STAY (In this place) <u>60 72</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeric SPR.</u>		20			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>ACOCK</u>				4. DATE OF DEATH (Month) <u>8</u> (Day) <u>19</u> (Year) <u>1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>7-23-1869</u>			
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Abraham Acock</u>		13b. MOTHER'S MAIDEN NAME <u>Flaney Agnes</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Acock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Acock, Jeric, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		4201			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1956, to <u>May</u> , 1956, that I last saw the deceased alive on <u>25 May, 1956</u> , and that death occurred at <u>3:40 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Design or title) <u>Wanda L. Smith</u>				23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>May 30</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedarville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>3 E. N. C. Jeric, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-4-56</u>		REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Long, Jeric SPR, Mo.</u>					

(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

W. D. Long

Licensed Embalmer No. 3714

P. O. Address Miss Sapp

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.