

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27398

State File No. _____

FILED SEP 7 1956

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5582</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and city OR TOWN <u>Carthage, Jasper</u>)		c. LENGTH OF STAY (in this place) <u>10 mos.</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair Acres Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 4, 2128 Jackson Ave /</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>ELMER</u>		c. (Last) <u>ACKERMAN</u>	
4. DATE OF DEATH <u>August 25, 1956</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>widowed</u>	
8. DATE OF BIRTH <u>May 26, 1877</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired electrical inspector - City of Joplin</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Langworthy, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arlington Ackerman</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bill L. Ackerman, Rt. 4, Joplin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC CONGESTIVE FAILURE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROTIC HEART DISEASE</u> 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 _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19b. MAJOR FINDINGS OF OPERATION _____		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) (Min) _____			
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 <u>Aug 25</u> , 19 <u>56</u> , to <u>Aug 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug 25</u> , 19 <u>56</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank D. [Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>8-25-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-28-56</u>		REGISTRAR'S SIGNATURE <u>Elly Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker, Joplin, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Seaspar County Health Office
County File Number 56-9-112
Date Filed SEP 5 - 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 *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 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.