

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

306

612-37

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

61

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Walnut Shade		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 6 hours		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First (Female Infant #1) Middle Ackera Last Ackera				4. DATE OF DEATH Month Jan Day 16 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 16, 1957	9. AGE (In years last birthday) ---	IF UNDER 1 YEAR Month --- Day --- Hours 6 Min. ---		IF UNDER 24 HRS. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lawrence Ackera				14. MOTHER'S MAIDEN NAME Nellie Deaver			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT Lawrence Ackera, Walnut Shade, Mo.			
18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) --- DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7700				INTERVAL BETWEEN ONSET AND DEATH 6 hr.			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ---				
20c. TIME OF INJURY Hour --- Month --- Day --- Year --- a.m. --- p.m. ---			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---			20f. CITY, TOWN, OR LOCATION ---		COUNTY --- STATE ---		
21. I attended the deceased from 1-16-57 to 1-16-57 and last saw her alive on 1-16-57 . Death occurred at 8:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edgar L. Clayton MD				22b. ADDRESS 609 Cherry St. Springfield, Mo.		22c. DATE SIGNED 1-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem - Burial		23b. DATE Jan. 18, 57		23c. NAME OF CEMETERY OR CREMATORY Highlandville, Mo.		23d. LOCATION (City, town, or county) (State) Christian Co. Missouri	
24. FUNERAL DIRECTOR R. B. Chaffin				25. DATE RECD. BY LOCAL REG. 1-18-57		26. REGISTRAR'S SIGNATURE Edgar L. Clayton	

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 T. B. Chapin

Licensed Embalmer No. 218

P. O. Address Ozark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.