

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4294

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vaughan Rest Home				Length of stay in lb 75 Yrs.		d. STREET ADDRESS (If outside, give location) 530 S. New	
3. NAME OF DECEASED (Type or print) First MINNIE Middle ACKER Last ACKER				4. DATE OF DEATH Month Feb. Day 25 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH 15 Dec. 1869	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fallin				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT J.W.Acker		Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500						INTERVAL BETWEEN ONSET AND DEATH 1 week 10 Yrs. 10 Yrs.	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 0					
20c. TIME OF INJURY Hour 5:00 Month 2-23-57 Day 23 Year 1957 a. m. A.M. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Maple Park					
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. CITY, TOWN, OR LOCATION Springfield, Missouri		COUNTY Greene		STATE Missouri	
21. I attended the deceased from 2-23-57 to 2-25-57 and last saw her alive on 2-24-57 Death occurred at 5:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.						22. DATE SIGNED 2-27-57	
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Medical Arts Bldg.		22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 2-27-57		22d. LOCATION (City, town, or county) (State) Springfield, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-27-57		23c. NAME OF CEMETERY OR CREMATORY Maple Park		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR J.W. Klingner & Co.		ADDRESS SPGFD. Mo.		25. DATE RECD. BY LOCAL REG. 2-27-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined

by me, or by, Student Embalmer No.

working under my personal supervision...

Student
Signature of Student Embalmer

Signed *J. B. K. Kugner*

Licensed Embalmer No. 33

P. O. Address

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