

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3822

XC 16885862

SL 12854 FILED MAR 18 1957

Registration District No. 318

318

Primary Registration District No. 1003

1003

STATE FILE NUMBER

Registrar's No. 1903

1903

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>St. Louis</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Valley City</u> <u>81208</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VA HOSPITAL</u>		Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location) <u>32</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Paul</u> <i>First</i> <u>Edward</u> <i>Middle</i> <u>Ackles</u> <i>Last</i>			4. DATE OF DEATH <u>Month</u> <u>2</u> <u>Day</u> <u>24</u> <u>Year</u> <u>57</u>		
5. SEX <u>male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-21-95</u>	9. AGE (In years /yrs/ birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. 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 country) <u>Valley City, Illinois</u>	
13. FATHER'S NAME <u>Marshall Ackles</u>			14. MOTHER'S MAIDEN NAME <u>Alice A. Barrow</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>359035759</u>		17. INFORMANT <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EMBOLI</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>ACUTE MYOCARDIAL INFARCTION</u>					<u>UNK</u>
DUE TO (c) <u>ACUTE CORONARY THROMBOSIS DUE TO ARTERIOSCLEROSIS</u>					<u>2-3 wks.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>420-1</u>			
20c. TIME OF INJURY <u>NONE</u>					
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 <u>2-19-57</u> to <u>2-24-57</u> and last saw <u>him</u> alive on <u>2-24-57</u> Death occurred at <u>7:35 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>M.D. VAH; ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>2-25-57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (S. Rectify) <u>Removal</u>		23b. DATE <u>2-25-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>KAMINSKAS, M. D.</u>	
23d. LOCATION (City, town, or county) (State) <u>Griggsville, Illinois,</u>					
24. FUNERAL DIRECTOR <u>Albert H. Hoppe 4700 Washington,</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 25 '57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300
1-56
2009

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. W. Embler*

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

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.