

STANDARD CERTIFICATE OF DEATH

27171
State File No. 116

FILED JUL 26 1957

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>4488</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>SCOTT</u>				a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDUSER</u>				c. CITY OR TOWN <u>VANDUSER</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>70 YRS</u>				e. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BURGESS</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>ACORD</u>	
4. DATE OF DEATH		(Month) <u>6</u> (Day) <u>21</u> (Year) <u>57</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-16-1862</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HAMILTON ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MARTIN ACORD</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WRIGHT</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>A.E. Acord - Sikeston Mo R3</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation</u>				<u>3 mo.</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive Cardiovascular Dis.</u>					
		DUE TO (c) <u>Hypertension</u>					
		11. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u>	
						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) _____		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>Jan 23</u> , 19 <u>52</u> , to <u>June 15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>June 15</u> , 19 <u>57</u> , and that death occurred at <u>12:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow MD</u>				23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>July 13, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-22-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		24d. LOCATION (City, town, or county) <u>SIKESTON</u> (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>7-16-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ellen Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUL 22 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-149

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..... *Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address *Likerton 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.