

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 1958

58-009460

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Albany				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany 0380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 S. Clark St.				Length of stay in lb One Year		d. STREET ADDRESS (If outside, give location) Northwest Albany	
3. NAME OF DECEASED (Type or print) First Phil Middle Eugene Last Ackley				4. DATE OF DEATH Month March Day 23 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 29, 1875		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Donyhen, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Martin Ackley				13b. MOTHER'S MAIDEN NAME Helen Noble		14. NAME OF HUSBAND OR WIFE Cora May Birk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT Ralph Ackley Address Albany, 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) Mural Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Thrombosis in left femoral artery DUE TO (c) Sanguine of left leg. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days	
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.) 2			
20c. TIME OF INJURY Hour a.m. Month Day Year p.m.				20d. INJURY OCCURRED WHILE AT <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.) Albany, Gentry Mo.				20f. CITY, TOWN, OR LOCATION Albany, Gentry Mo.			
21. I attended the deceased from 1958 to 3-23-58 and last saw him alive on 3-123-58 Death occurred at 6:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank H. Rose, M.D. (Degree or title)				22b. ADDRESS Albany, Mo		22c. DATE SIGNED 3-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar. 26, 1958		23c. NAME OF CEMETERY OR CREMATORY Allendale		23d. LOCATION (City, town, or country) (State) Allendale Missouri	
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Mar. 26-1958		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 byme....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cocheff.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, 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.