

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024543

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 12

Health, & Welfare Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cole Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lincoln Rt 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>13 miles southeast of Cole Camp</u>			Length of stay in lb <u>7 years</u>	d. STREET ADDRESS <u>13 miles S.E. of Cole Camp</u> <u>12 miles S.E. of Smithton</u>	
3. NAME OF DECEASED (Type or print) <u>COYEN</u> First <u>LAWSON</u> Middle <u>ACKERMAN</u> Last			4. DATE OF DEATH <u>July 17 1958</u> Month <u>July</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 4, 1895</u>	9. AGE (In years last birthday) <u>63</u> Months <u>3</u> Days <u>13</u> Hours <u></u> Min. <u></u>	
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>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Ada, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Albert Lee Ackerman</u>			14. MOTHER'S MAIDEN NAME <u>Laura Jane Shuster</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>302-01-8012</u>	17. INFORMANT <u>Mary Ackerman</u> Address <u>Lincoln Rt 2</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>Coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					DUE TO (c) <u>4201</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 type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></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>7/7/58</u> to <u>7/17/58</u> and last saw <u>him</u> alive on <u>7/16/58</u> Death occurred at <u>4:30</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. J. Wolfe</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>1116 W. 7th S. S. 10 Mo</u>		22c. DATE SIGNED <u>7/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/20/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smithton cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Smithton mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u> ADDRESS <u>Lincoln</u>			25. DATE RECD. BY LOCAL REG. <u>7/19/58</u>	26. REGISTRAR'S SIGNATURE <u>E. L. Eckhoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1958

AUG 27 1958

MAY 22 1959

AUG 23 1958

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 *Richard D. Conn*

Licensed Embalmer No. *470*

P. O. Address *Lypton, N.J.*

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.