

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035479
STATE FILE NUMBER

NOV 10 1958		Registration District No. 38		Primary Registration District No. 5118		Registrar's No. 492	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia Mo Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Columbia R4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 miles S. W.		Length of stay in lb life		d. STREET ADDRESS (If outside, give location) 10 miles S.W.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Edgar Acton				4. DATE OF DEATH Month Day Year Nov. 2 1958			
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1886		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Acton				14. MOTHER'S MAIDEN NAME Ellen Saunders			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -		17. INFORMANT Mrs. Georgia Stephens Col. 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) Pulmonary Oedema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Carcinoma of Pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 157 X							INTERVAL BETWEEN ONSET AND DEATH 2 mo 6 mo 1 year
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.) 157 X					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1950 to Oct. 19. 58 and last saw him alive on Oct 19 1958 Death occurred at 10 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or Attendant) Earl J. Sprinkle M.D.				22b. ADDRESS Prof. Bldg. Columbia Mo		22c. DATE SIGNED 11-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 4, 1958		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Boone County, Mo.	
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 3, 1958		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56
0100
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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

Student
Signature of Student Embalmer

Signed Lyman H. Spruick

Licensed Embalmer No. 401

P. O. Address Columbia

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.