

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010135

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No.

200

Primary Registration District No.

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lingo Township</u>		c. CITY OR TOWN <u>North Platte</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 36</u>		d. STREET ADDRESS (If outside, give location) <u>McPherson Addition</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Perry</u> Last <u>Acton</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>Male</u>	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>Feb. 3, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor U.P.R.R. Rail Road</u>		11. BIRTHPLACE (City and state or country) <u>Jasonville, Ind.</u>	
13a. FATHER'S NAME <u>Edward E. Acton</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Acton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>307-01-4775</u>	
17. INFORMANT <u>Mrs. C. P. Acton</u>		Address <u>North Platte, Neb.</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>Crushed Skull</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Crushed chest &amp; lacerations over entire trunk</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
20a. ACCIDENT <input checked="" 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>Head on Auto Collision</u>	
20c. TIME OF INJURY Hour <u>6:15</u> a.m. Month, Day, Year <u>Mar. 14, '59</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Lingo Township</u>	
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at <u>6:15</u> P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		COUNTY <u>Macon</u> STATE <u>Mo.</u>	
22a. SIGNATURE <u>Lester Hutton</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Macon, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 17, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cem</u>		23d. LOCATION (City, town, or county) (State) <u>North Platte, Neb.</u>	
24. FUNERAL DIRECTOR <u>Lester Hutton</u>		25. DATE RECD. BY LOCAL REG. <u>3/14/59</u>	
ADDRESS <u>Macon Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Paul M. Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 8 0 1959

SEP 1 1959

MAR 2 1959

MAR 1 1959

MAR 1 1959

Date Filed 3-24-59

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 *Charles L. Hutton* .....

Licensed Embalmer No. *4577* .....

P. O. Address *Macow, Ill* .....

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.