Health, Welfare Public Service

0
. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012265
STATE FILE NUMBER

MAR 28 1959 Registration District No. 032 Primary Registration District No. _____ Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lutesville Mo. Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bollinger
c. CITY OR TOWN: Lutesville Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Maggie Middle: E Last: Acup.

4. DATE OF DEATH: Month: April Day: 20 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH: March 11 1888
9. AGE (In years at last birthday): 71 IF UNDER 1 YEAR: Months: 7 Days: 9 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Maris Hilderbrand
13b. MOTHER'S MAIDEN NAME: Sarah C. Poston.
14. NAME OF HUSBAND OR WIFE: Charley Acup.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Dora Hilderbrand Address: Lutesville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Chronic
DUE TO (c) Diabetes — Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/28/58 to 4/20/59 and last saw her ~~him~~ alive on April 20-1959
Death occurred at 2 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE: J. J. Freitas (Degree or title): D.O.
22b. ADDRESS: Lutesville Mo.
22c. DATE SIGNED: 4-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-22-59
23c. NAME OF CEMETERY OR CREMATORY: Baker Cem.
23d. LOCATION (City, town, or county): Lutesville (State): Mo.

24. FUNERAL DIRECTOR: Baker Funeral Home ADDRESS: Lutesville
25. DATE RECD. BY LOCAL REG.: 4-23-59
26. REGISTRAR'S SIGNATURE: Mrs. Buford Crabtree

(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

APR 8 9 1959

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.