

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021869  
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Joplin General</b>		d. STREET ADDRESS <b>814 Jackson</b>	
Length of stay in 1b <b>10 years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Clarence E. Ackerman</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 20, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cook</b>	11. BIRTHPLACE (City and state or country) <b>Hackensack, N.J.</b>
13a. FATHER'S NAME <b>R. H. Ackerman</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Ewing</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Ackerman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes or unknown) (If yes, give dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>088-05-5555</b>	17. INFORMANT <b>Maude Ackerman</b> Address <b>Joplin, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 MIN.</b>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.) <b>Did Not See Alive</b>	20f. CITY, TOWN, OR LOCATION <b>Joplin, Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>10:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>3</b> <b>James E. Ackerman</b>		22b. ADDRESS <b>Joplin, Missouri</b>	22c. DATE SIGNED <b>6-15-1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 16, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thornhill-Dillon Joplin, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-25-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doyle Merriam</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 JUL 1 1959

6961 JUL 2 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 Robert C. Rolla .....

Licensed Embalmer No. 5062 .....

P. O. Address Joplin, 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.