

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-028035

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 175

STATE FILE NUMBER

INDEXED

DOCUMENT

| | | | | | | | | |
|--|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | Length of stay in 1b 47 yrs. | | c. CITY OR TOWN Mexico | | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital | | | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | d. STREET ADDRESS (If outside, give location) 1407 N. Clark St. | | Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. NAME OF DECEASED (Type or print) First ERNEST Middle MURRAY Last ACUFF | | | | 4. DATE OF DEATH Month Aug. Day 29 Year 59 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Mar. 3, 87 | | |
| 9. AGE (last birthday) 72 | | IF UNDER 1 YEAR Months 72 Days 0 Hours 0 Min. 0 | | IF UNDER 24 HR Hours 0 Min. 0 | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Plant | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) Monroe County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME James R. Acuff | | | 13b. MOTHER'S MAIDEN NAME Minnie Carter | | | 14. NAME OF HUSBAND OR WIFE Golden Acuff | | |
| 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. 491-05-6771A | | 17. INFORMANT Address Mrs. Ernest Acuff, Mexico, 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) Esstic Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Lung (right) DUE TO (c) Carcinoma of the Liver. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed to the terminal disease condition given in PART I (a) Chain cigarette user. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| 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 5:30 a.m. 10:00 p.m. | | 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 Mexico STATE Mo. | | |
| 21. I attended the deceased from Aug 26 1959 to Aug 29-59 and last saw her alive on Aug 29-59 . Death occurred at 5:30 Aug 29-59 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE J A Farrell M.D. (Degree or title) | | | | 22b. ADDRESS Mexico, Mo | | 22c. DATE SIGNED Aug 31-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 1, 59 | | 23c. NAME OF CEMETERY OR CREMATORY East Lawn | | 23d. LOCATION (City, town, or county) Mexico, Mo. | | |
| 24. FUNERAL DIRECTOR Precht-Hueston, Mexico, Mo. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. Aug 31-1959 | | 26. REGISTRAR'S SIGNATURE Blanche Neely | | |

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas M. Emmons Jr.

Licensed Embalmer No. 5064

P.O. Address Mexico, 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.