

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

=60-000753  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 22

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City Mo.</u> Length of stay in 1b <u>17 da.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas E. Still Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Hartsburg, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Hartsburg, Mo. Poulack # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Martin</u> Middle <u>Herman</u> Last <u>Ackman</u>		<b>4. DATE OF DEATH</b> Month <u>January</u> Day <u>23</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Dec. 22-1894</u>	<b>9. AGE</b> (at birthday) <u>65</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u> IF UNDER 24 HR: Hours <u>1</u> Min. <u>1</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Hartsburg, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Fritz Ackman</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Arnsmeier</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>Lillian Ackman</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>		<b>16. SOCIAL SECURITY NO.</b> <u>497-28-3714</u>		<b>17. INFORMANT</b> <u>Mrs Lillian Ackman</u> Address <u>Hartsburg, Mo.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour <u>4:45</u> Month, Day, Year <u>Jan 23 1960</u>					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> <u>ASHLAND, MO.</u> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>January 6, 1958 to January 23, 1960</u> and last saw <sup>him</sup> <u>him</u> alive on <u>Jan 23 1960</u> Death occurred at <u>4:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>James E. Steffen D.O.</u>			<b>22b. ADDRESS</b> <u>Ashland, Mo.</u>		
<b>22c. DATE SIGNED</b> <u>Jan 23 1960</u>		<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u> <b>23b. DATE</b> <u>Jan. 25-1960</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Evangelical Cemetery</u> <b>23d. LOCATION</b> (City, town, or county) <u>Hartsburg, Mo.</u> (State)			
<b>24. FUNERAL DIRECTOR</b> <u>Wm. C. Burnett</u> ADDRESS <u>Ashland Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>23 January 1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P. Darrin - Richter Reg</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 8 1962

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**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 W<sup>m</sup> L. Burnett

Licensed Embalmer No. 3567

P. O. Address Asheville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.