

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 18 1960 238

60-011901

STATE FILE NUMBER

Registration District No. Primary Registration District No. 5823 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>New Madrid Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>Catron</u> d. STREET ADDRESS (If outside, give location) <u>Route #1</u>					
3. NAME OF DECEASED First <u>Wade</u> Middle <u>Clifford</u> Last <u>Acord</u> (Type or print)				4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>10-6-86</u>		9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Scott County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Amos R. Acord</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Click</u>				14. NAME OF HUSBAND OR WIFE ---	
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>None</u>		17. INFORMANT Address <u>Van D. Acord Rt. 1 Catron, Mo.</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>No Medical Attendant Cause</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>of death Natural Causes</u> DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH _____	
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. ☐ Yes ☐ No ☐ Unknown	
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 _____, to _____, and last saw her/him alive on _____. Death occurred at <u>10:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Leo Hedgcock Coroner</u>				22b. ADDRESS <u>New Madrid</u>				22c. DATE SIGNED <u>2/20/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 19, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Taylor Cemetery</u>		23d. LOCATION (City, town, or county) <u>Essex, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Nunnelee Funeral Chapel, Sikeston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3/12/60</u>		26. REGISTRAR'S SIGNATURE <u>Jay Hedgcock</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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