

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023010

FILED VS JUN 20 1960

Registration District No. 142 Primary Registration District No. 5386 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howell</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maple View, Mo.</b>		Length of stay in lb <b>2 days</b>		c. CITY OR TOWN <b>Willow Springs,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Frances Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Willow Springs, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>Celia</b> Middle <b>R.</b> Last <b>Acker</b>				4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/28/1884</b>	
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>		IF UNDER 24 HR Hours <b>14</b> Min. <b>14</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Lindsay, Neb.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Silas Rankin</b>				13b. MOTHER'S MAIDEN NAME <b>Hettie Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Wm S. Acker (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>none</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Willard Acker Willow Springs, Mo.</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>Peritonitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Malignant Recum</b> DUE TO (c) <b>Colitis Chronic</b>				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) <b>asthma &amp; heart disease</b>				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			
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 <b>3:00 PM</b> Month, Day, Year <b>April 27, 1960</b>							
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 <b>Willow Springs, Mo.</b>		COUNTY <b>Howell</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>April 27, 1960</b> to <b>June 12, 1960</b> and last saw her <b>June 12, 1960</b> Death occurred at <b>app. 3:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Dr. Harold Miller MD</b> (Type or print)				22b. ADDRESS <b>Willow Springs, Mo.</b>		22c. DATE SIGNED <b>6-13-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-16-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>	
24. FUNERAL DIRECTOR <b>Burns Willow Springs, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1961

JUN 22 1960

### 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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spring

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.