

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014282

STATE FILE NUMBER

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 70

FILED APR 18 1961

## 1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LebanonLength of stay in 1b  
20 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Wallace Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

Missouri

b. COUNTY

Laclede

c. CITY  
OR TOWN LebanonInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
26 GreenwoodReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Isaac

Middle

Ackroyd

Last

4. DATE OF DEATH

Month April

Day 9

Year 1961

5. SEX

M

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7/15/1893

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Phillipsburg Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Isaac Ackroyd

13b. MOTHER'S MAIDEN NAME

Ida Jane Williams

14. NAME OF HUSBAND OR WIFE

Bina

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes, world war I

16. SOCIAL SECURITY NO.

486-24-0583A

17. INFORMANT

Mrs. Bina Ackroyd Lebanon Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

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☐ Unknown19. 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

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 4-6-61 to 4-9-61 and last saw him alive on 4-8-61

Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R B Hunt MD

(Degree or title)

22b. ADDRESS

Lebanon, Mo.

22c. DATE SIGNED

4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/11/1961

23c. NAME OF CEMETERY OR CREMATORY

New Hope Cemetery near Long Lane Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dorsey M. Howe Lebanon Mo

25. DATE RECD. BY LOCAL REG.

4-10-1961

26. REGISTRAR'S SIGNATURE

Hella L. Day

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1961

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, N

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.