

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024080

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 771

AMENDED

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Joseph</u>		c. CITY OR TOWN <u>Graham</u>	
Length of stay in lb <u>8 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. Methodist Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles N-E</u>	
3. NAME OF DECEASED (Type or print) First <u>Verna</u> Middle <u>Mae</u> Last <u>Acklin</u>		4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/17/61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and state or country) <u>Maryville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Darwin V. Acklin</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Mae McDonald</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		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 <u>Darwin V. Acklin</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>Meningitis, acute</u> DUE TO (b) <u>Meningococci, capsulated</u> DUE TO (c) <u>Spinal bifida, congenital</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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	
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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 STATE	
21. I attended the deceased from <u>7/22/61</u> to <u>7/30/61</u> and last saw her alive on <u>7/24/61</u> Death occurred at <u>SA</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In free or title) <u>Charles J. Shulin M.D.</u>	
22b. ADDRESS <u>902 Edward St. Rm. 201</u>		22c. DATE SIGNED <u>7/31/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>8/1/61</u>	23b. DATE <u>8/1/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	23d. LOCATION (City, town or county) <u>Graham Mo.</u>
24. FUNERAL DIRECTOR <u>James Crawford, Mount City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 31, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Clark Standell</u>			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

C.F. Shulin, M.D. LOCAL CERTIFICATION

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

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.