

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037326

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 215VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

SCOTTb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWNSIKESTON

Length of stay in lb

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

a. STATE

MO

b. COUNTY

SCOTT

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONSHUFFIT NURS. HOMEInside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)SHUFFIT NURS. HOME

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

RICHARD

Middle

HAMILTON

Last

ACORD4. DATE
OF
DEATH

Month

Day

Year

9-24-1962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-28-1890

9. AGE (last birthday)

92

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)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

HAMILTON Co., ILL

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MARTIN ACORD

13b. MOTHER'S MAIDEN NAME

ELIZABETH WRIGHT

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)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Lee Acord - Sikeston Mo R#3

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accidentINTERVAL BETWEEN
ONSET AND DEATH3 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Decubitus ulcers.

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
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. attended the deceased from

8/28/62

to

9/28/62and last saw him alive on 9/22/62

Death occurred at

4:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E.D. Urban M.D.

22b. ADDRESS

Sikeston

22c. DATE SIGNED

9/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-26-62

23c. NAME OF CEMETERY OR CREMATORY

WALKER

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

STODDARD Co., MO

24. FUNERAL DIRECTOR

ADDRESS

Walsh Funeral Home Sikeston Mo

25. DATE RECD. BY LOCAL REG.

Oct 3-1962

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Raymond News

Licensed Embalmer No. 3467

P. O. Address Likeston 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.

Permit number 104