

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33336

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 12

0421
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1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor
c. LENGTH OF STAY (in this place) (township) 30 Years
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 607 S. Main
d. STREET ADDRESS (If rural, give location) 607 S. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor
d. STREET ADDRESS (If rural, give location) 607 S. Main

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah b. (Middle) Elizabeth c. (Last) Acker
4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb. 12, 1864 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 86 8 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Sullivan, Indiana 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Neiman 13b. MOTHER'S MAIDEN NAME Sarah E. Kneorr 14. NAME OF HUSBAND OR WIFE William G. Acker

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walthal Neece, Boonville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1950 to 11-4, 1950, that I last saw the deceased alive on 11-4, 1950, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS [Address] 23c. DATE SIGNED 11-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-6-50 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak 24d. LOCATION (City, town, or county) (State) Windsor, Missouri

DATE REC'D BY LOCAL REG. Nov. 6 - 1950 REGISTRAR'S SIGNATURE Florence Adair 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner, Windsor, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11/13/50
DISTRICT HEALTH OFFICE No. 3
District File Number -----
Date Filed 11/13/50 -----

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 -----
Student Embalmer

Signed *William M. Turner* -----

Licensed Embalmer No. *4648* -----

P. O. Address *Thindsor, 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 this body is not embalmed, fact should be so stated above.