

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7961**

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **T**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Windsor		c. CITY OR TOWN Windsor	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 12 yrs		e. STREET ADDRESS (If rural, give location) 308 W Florence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) NORA	b. (Middle) —	c. (Last) ACOCK	4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 3 1871	9. AGE (In years last birthday) 84	# UNDER 1 YEAR 0	DAY 19	# UNDER 24 HRS. —	Hours —	Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Jessville Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Baker	13b. MOTHER'S MAIDEN NAME Elizabeth Goff	14. NAME OF HUSBAND OR WIFE Deceased
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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. no	17. INFORMANT'S SIGNATURE OR NAME Eva Decker Windsor Mo.	ADDRESS Windsor Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 days 3-4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease		
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 H200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 10, 1955**, to **Feb 22, 1955**, that I last saw the deceased alive on **Feb 22, 1955**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence M. Thuber M.D.	23b. ADDRESS Windsor, Mo.	23c. DATE SIGNED 2/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/55	24c. NAME OF CEMETERY OR CREMATORY Laurel Park	24d. LOCATION (City, town, or county) (State) Windsor Mo.
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DATE REC'D BY LOCAL REG Feb-22-55	REGISTRAR'S SIGNATURE Florence Adair	FUNERAL DIRECTOR'S SIGNATURE WILKINSON FUNERAL HOME	ADDRESS Clinton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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..... *F. L. Schaefer*

Licensed Embalmer No. *450*

P. O. Address *Clinton*

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.