

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4022

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5164</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FULTON</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FULTON</u>		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MILE S.E. FULTON, MO.</u>				d. STREET ADDRESS (If rural, give location) <u>A.F.D. #6</u>			
3. NAME OF DECEASED a. (First) <u>DAVID</u>			b. (Middle) <u>C.</u>		c. (Last) <u>ACISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 25 1951</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 27, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		9. AGE (In years last birthday) <u>77</u> If under 1 year: Months <u>0</u> Days <u>28</u> If under 12 mos. Hours _____ Min. _____	
13a. FATHER'S NAME <u>SAMUEL H. ACISON</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE SHENK</u>		14. NAME OF HUSBAND OR WIFE <u>ELVIA HICKERSON ACISON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DAVID C. ACISON</u> ADDRESS <u>FULTON, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endo Cardites</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Influenza with jaundice</u>			
				DUE TO (c) _____		481X	
		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 <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2 10</u> , 19 <u>51</u> , to <u>2 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2 24</u> , 19 <u>51</u> , and that death occurred at <u>9 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. O. Payne O.M.D.</u>				23b. ADDRESS <u>R # 6 Fulton</u>		23c. DATE SIGNED <u>2 26 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-27-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOKANE</u>		24d. LOCATION (City, town, or county) (State) <u>MOKANE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 3-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAURIN FUNERAL Home</u>	
						ADDRESS <u>FULTON, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Harris, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.