

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15581

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chestnut St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u>	
		d. STREET ADDRESS (If rural, give location) <u>Chestnut St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>ACTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1951</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>June 12, 1885</u>
9. AGE (In years last birthday) <u>65</u>		# UNDER 1 YEAR Days <u>11</u>	# UNDER 1000 Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee - Engineering Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Appleton City, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Dude Acton</u>	
13b. MOTHER'S MAIDEN NAME <u>Kate Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Acton</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>495-12-3466</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Acton, Columbia, Mo.</u> ADDRESS
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of throat and jaw</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 mo</u> 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 <u>148X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Columbia Boone Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>May 4, 1951</u> , to <u>May 11, 1951</u> , that I last saw the deceased alive on <u>May 11, 1951</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>LeRoy Miller M.D.</u>		23b. ADDRESS <u>Municipal Bldg. Columbia, Mo.</u>	23c. DATE SIGNED <u>May 15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 15 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> <u>31</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parson Funeral Service, Columbia, Mo.</u>	

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

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RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51 _____

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Blenheim Me.

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.