

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15825

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Road</u> <u>0160</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S E Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Jackson Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle) <u>Washington</u>		c. (Last) <u>Ackman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar 13 1872</u>		9. AGE (In years less birthday) <u>79</u>		# UNDER 1 YEAR Months <u>1</u> Days <u>8</u>		# UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Neeleys Landing Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>James Ackman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Welte</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Roberson Ackman</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clarence Tripp Jackson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>disease of vessels</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>about</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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)			
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?			
22. I hereby certify that I attended the deceased from <u>May 10, 1951</u> , to <u>May 21, 1951</u> , that I last saw the deceased alive on <u>May 20, 1951</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. H. Lab... ..</u>				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>5-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nrw Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-21-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44 FUNERAL DIRECTOR'S SIGNATURE <u>McCombs</u>		ADDRESS <u>44 Jackson Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 28 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

B. Meyer

Licensed Embalmer No. *305-1*

P. O. Address *Jackson 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.