

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24041**

FILED JUL 23 1951

BIRTH NO. 46800-51 REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4424 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Folk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>Humansville</u>	c. LENGTH OF STAY (for this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau, Montgomery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humansville Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles East 0430</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Lee</u> c. (Last) <u>Acker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9-1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, ( ) WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July-6-1951</u>	9. AGE (In years last birthday) <u>0</u> Months <u>01</u> Days <u>3</u>	# UNDER 1 YEAR Hours <u></u> Min. <u></u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Humansville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willford Acker</u>	13b. MOTHER'S MAIDEN NAME <u>Beatrice Woods</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Woods - Weaubleau, Mo</u>	ADDRESS <u>Weaubleau, Mo</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH
	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>7620</u>	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) m.	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 July 6, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Robinson M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Humansville, Mo</u>	23c. DATE SIGNED <u>7/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crestview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 11, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Beithway</u>	ADDRESS <u>Weaubleau, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED JUL 18 1951

Dist. File 2277229

Date Filed 2-21-54

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheaton, Md

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.