

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15902

State File No.

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give town) Smithville	c. LENGTH OF STAY (in this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Preston Township 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp.		d. STREET ADDRESS (If rural, give location) 5 Miles West of Smithville	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Katherine	c. (Last) Ackley	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1952
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5. SEX fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1952	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HRS. Hours Mins.
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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 At Home	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Hammond	13b. MOTHER'S MAIDEN NAME Martha McDaniel	14. NAME OF HUSBAND OR WIFE Harold Ackley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Harold Ackley	ADDRESS Platte City, Mo. RED
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterial degeneration		
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 332X	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) (Min.)	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 **Sept 1936**, to **May 10, 1952**, that I last saw the deceased alive on **May 10, 1952**, and that death occurred at **7 1/2 pm** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) SMW	23b. ADDRESS Smithville	23c. DATE SIGNED 5/14/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-14, 1952	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Smithville Missouri
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DATE REC'D BY LOCAL REG. 5/14-52	REGISTRAR'S SIGNATURE Beulah Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE McLoman Funeral Home Smithville, Mo.	ADDRESS
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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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.