

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1296

DIED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 229

3008

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit 7001</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>107 Madison X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claiborne</u> b. (Middle) <u>Russell</u> c. (Last) <u>Acuff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-53</u>		
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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>Nov 7-1897</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HR. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo</u>			12. COUNTRY OF WHAT COUNTRY <u>U S A</u>		
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13a. FATHER'S NAME <u>Claiborne Acuff</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Halliburton</u>			14. NAME OF HUSBAND OR WIFE <u>Frances Acuff</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-36271</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Acuff</u>		ADDRESS <u>Lee's Summit 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Related to postictic pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Widespread Hypertension</u>						<u>5 yrs</u>	
		DUE TO (c) <u>Chronic Glomerular Nephritis</u>						<u>8 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>592X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10-9, 1942 to 1-14, 1953, that I last saw the deceased alive on 1-14, 1953 and that death occurred at 9:20 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>B. Knight</u>		23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED <u>1-15-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Langford</u>		ADDRESS <u>Lee's Summit</u>	
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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 W B Langford

Licensed Embalmer No. 5233

P. O. Address Lee's Summit

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.