

No. 300  
10-48

541

Barnett  
FILED NOV 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36827

BIRTH NO.		REG. DIST. NO. 282	PRIMARY REG. DIST. NO. 3055	Registrar's No. 132
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Polk Co 5 Mi N.E. of Halifax</u>		
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>621 W. Chestnut</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>621 W. Chestnut</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>621 W. Chestnut</u>		
3. NAME OF DECEASED (Type or Print) <u>Rosa Edith Ackels</u>		a. (First) <u>Rosa</u> b. (Middle) <u>Edith</u> c. (Last) <u>Ackels</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>28</u> (Year) <u>1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17 1909</u>	
9. AGE (In years, last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut Grove, Polk Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. MARRIAGE HISTORY 13a. FATHER'S NAME <u>James W. Gelder</u> 13b. MOTHER'S MAIDEN NAME <u>Mildred Davis Walburn</u> 13c. NAME OF HUSBAND OR WIFE <u>Ackels</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Wilburn Ackels</u> ADDRESS <u>Bolivar, Mo</u>
17. 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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>Malignant hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>June</u> , 19 <u>53</u> , to <u>Sept</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 27</u> , 19 <u>53</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. Barnett M.D.</u> (Degree or title)		23b. ADDRESS <u>Bolivar, Mo</u>		23c. DATE SIGNED <u>Oct 5 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 2 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dakville Cemetery near Marreville, Mo</u>		24d. LOCATION (Only town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>10/29/53</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin &amp; Blue</u> ADDRESS <u>Mo</u>		

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

**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 William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.