

**STANDARD CERTIFICATE OF DEATH**

State File No. **857**  
 Registrar's No. **164**

No. 300  
10-48

FILED FEB 15 1954

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>128</u>   |  | PRIMARY REG. DIST. NO. <u>2000</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>  |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1311 W. Florida</u>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>  |  |   |  | 3. NAME OF DECEASED<br>a. (First) <u>Edward</u> b. (Middle) _____ c. (Last) <u>Ackerman</u>  |  |  |  |
| 4. DATE OF DEATH <u>Feb. 8, 1954</u>   |  | 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>            |  |
| 8. DATE OF BIRTH <u>Sept 17, 1880</u>  |  | 9. AGE (In years last birthday) <u>73</u>   |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 24 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rail Road</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Rail Road</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Charles Ackerman</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Lena Neiber</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Widowed</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Virginia Eaton Springfield, Mo.</u> ADDRESS _____   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach with chronic metastasis</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic glomerulonephritis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <u>gastroenterostomy 1934 for duodenal ulcer.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>not known</u><br><u>not known</u>         |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____                     |  |
| 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>1-2</u> , 19 <u>54</u> , to <u>2-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>54</u> and that death occurred at <u>11 A</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>Don J. Sibley M.D.</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>Springfield Mo</u>   |  | 23c. DATE SIGNED <u>2-9-54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>2-10-54</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenelawn Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG. <u>2-10-54</u>  |  | REGISTRAR'S SIGNATURE <u>Edward Williamson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Kingner &amp; Co.</u> ADDRESS <u>Springfield, Mo.</u>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side) J.B.K. Jr.

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

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0396

FEB 16 1954

APR 20 1954

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 Ogle Stone Jr

Licensed Embalmer No. 4176

P. O. Address Springfield

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.