

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12615
State File No.

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4089 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>Grandin</u>		c. CITY OR TOWN <u>Hunter</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell Rest Home</u>		f. STREET ADDRESS (If rural, give location) <u>0180</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Acord</u> c. (Last) <u>Acord</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 16 56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Oct 14 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Stanley Brent</u>		13b. MOTHER'S MAIDEN NAME <u>Lilian Pennybrook</u>	
14. NAME OF HUSBAND OR WIFE <u>Camelton Acord</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension and chronic myocarditis</u> DUE TO (c) <u>senility and diabetes mellitus</u>		
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	20. AUTOPSY? YES <input 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) (Minute)	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 6-13, 1947, to 1-10, 1956, that I last saw the deceased alive on 1-10, 1956, and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski, D.O.</u>	23b. ADDRESS <u>Van Buren, Mo.</u>	23c. DATE SIGNED <u>4-17-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>
24d. LOCATION (City, town, or county) (State) <u>Hunter Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Hewitt</u> ADDRESS <u>Van Buren</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>April 20-56 Mrs. Oeta Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Hewitt</u> ADDRESS <u>Van Buren</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.....
Signature of Student Embalmer

Signed Seaton Perwith

Licensed Embalmer No. 274

P. O. Address Van Buren

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.