

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24051

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 101 Primary Registration District No. 5404 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Douglas</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Douglas</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lisbon Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Mt. Zion</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS <i>Ava - R. 1.</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Ernest</i> Middle <i>W.</i> Last <i>Acuff</i>				4. DATE OF DEATH Month <i>7</i> Day <i>11</i> Year <i>1957</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-10-1895</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Nealy Acuff</i>				14. MOTHER'S MAIDEN NAME <i>Rooke</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>560-07-6006</i>		17. INFORMANT <i>Ernest Acuff Jr. Springfield Mo.</i>			Address <i>10498. Shelma</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer Prostate</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
19. INTERVAL BETWEEN ONSET AND DEATH <i>154X</i>									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>12-30-55</i> to <i>7-11-57</i> and last saw ^{him} <i>him</i> alive on <i>7-11-57</i> Death occurred at <i>10:30</i> P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Dr. C. P. Kaulan D.O.</i>				22b. ADDRESS <i>Ava Mo.</i>			22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7-16-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Eudora Cemetery</i>		23d. LOCATION (City, town, or county) <i>Eudora</i>		STATE <i>Mo.</i>		
24. FUNERAL DIRECTOR <i>Chinkinghead Funeral Home, Ava, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>July 15-57</i>		26. REGISTRAR'S SIGNATURE <i>Ustatal Bushman</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Declarer, coroner, etc. must use only permanent blue or black ink. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

1th, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st

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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 em

by me, or by Student Embalmer No.

working under my personal supervision...

Student
Signature of Student Embalmer

Signed *Charles R. Fish*

Licensed Embalmer No. *46*

P. O. Address *Ava, m.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.