

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

29148

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2279

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		Length of stay in lb 2 1/2 Weeks		STREET ADDRESS (If outside, give location) 7504 North Broadway Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle C. Last Acord Sr.,			4. DATE OF DEATH Month August Day 3, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1890	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor, (Sanitation)		10b. KIND OF BUSINESS OR INDUSTRY Crown Cork Co.		11. BIRTHPLACE (City and state or country) Crowder, Mo.	
13. FATHER'S NAME Robert M. Acord,			14. MOTHER'S MAIDEN NAME Emma Boatman,		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-18-6359		17. INFORMANT Address Mrs Myrtle Acord, 7504 N. Broadway	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of the liver					INTERVAL BETWEEN ONSET AND DEATH sev. yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					581.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 7/9/57 to 8/3/57 and last saw her ^{him} alive on 8/3/57 Death occurred at 7:15 P.M. , _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hansy Walker, M.D.			22b. ADDRESS 462 N. Taylor Ave.		22c. DATE SIGNED 8/5/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-5-1957	23c. NAME OF CEMETERY OR CREMATORY Walker Cemetery,		23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri.
24. FUNERAL DIRECTOR VIA MOTOR ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.			25. DATE RECD. BY LOCAL REG. AUG 5 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO

(Licensed Embolmer's Statement on Reverse Side)

In, office, public, vice

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. W. Natz*

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

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.