

rt. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2000 58-028768  
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 128 Primary Registration District No. Registrar's No. 2550

S. 300  
Y. 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Folk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Halfway</b> 0840	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Halfway</b>	
Length of stay in lb. <b>6 wks.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Richard</b> Last <b>Ankrom</b>			4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1958</b>		
--	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 18, 1897</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
--------------------	-------------------------------	---	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucking</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (City and state or country) <b>Polk County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
--	--	--	--

13a. FATHER'S NAME <b>William A. Ankrom</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah M. Wells</b>	14. NAME OF HUSBAND OR WIFE <b>Beulah Ankrom</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Beulah Ankrom</b>	Address <b>Halfway, Missouri</b>
--	--	---------------------------------------	-------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocarditis, inanition, toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>peritonitis, multiple abdominal abscess</b>	
	DUE TO (c) <b>Post traumatic necrosis of sigmoid colon</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>		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 <b>a.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>13351</b>	COUNTY <b>Polk</b>	STATE <b>Missouri</b>
--	---	--	--	-----------------------	--------------------------

21. I attended the deceased from <b>6/29/58</b> to <b>7/29/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>7/29/58</b> Death occurred at <b>4:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>Robert W. Baker M.D.</b> (Degree or title)	22b. ADDRESS <b>226 Prof. Bldg. Springfield, Missouri</b>	22c. DATE SIGNED <b>8/4/58</b>
---	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Bethel Cemetery</b>	23d. LOCATION (City, town, or county) <b>Polk County Missouri</b>
--	----------------------------------	--	--

24. FUNERAL DIRECTOR <b>Montgomery Funeral Home Buffalo, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>8-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

Disease, color, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION (USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE)

AUG 18 1958

In Union Lodge

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 *Leyle Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo*

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.