

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009252

STATE FILE NUMBER 1116

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1116

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
TOWN Kansas City Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3944 Troost Length of stay in 1b 62 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3944 Troost Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ERNEST ACREA March 1 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Jan 21, 1870 9. AGE (In years last birthday) 89 FINDER 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) Engineer 10b. KIND OF BUSINESS OR INDUSTRY City Water Dept. 11. BIRTHPLACE (City and state or country) Brazil, Indiana 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Christopher Columbus Acree 13b. MOTHER'S MAIDEN NAME Emma Bever 14. NAME OF HUSBAND OR WIFE Mary A. Acree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mission, Ks. Esten K. Acree, 4300 Brodridge Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atherosclerosis Generalized 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac failure 2 Days
DUE TO (c) Uremia 10 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1948 to 3/1/59 and last saw her alive on 3/28/59
Death occurred at 1:30 PM near the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) J. D. Bennett M.D. 22b. ADDRESS 409 E 63rd St KC Mo 22c. DATE SIGNED 3/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-3-59 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
Melody-McGilley-Eylar Funeral Home 3-2-59 Neva Minshall
Woodland-Linwood

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. D. Bennett



Dr. J. B. Bennett
409 E 63
Em 1-0660

1-5 PM

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 *George A Jackson*

Licensed Embalmer No. *5059*
P. O. Address *K C Mo.*

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.