

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026949

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 356 Primary Registration District No. 4521 Registrar's No. 65

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070

2 1070

3

4 0

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7 0

8 2

9 9020

10 21

11 107

12 1-2

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>HOUSTON</u>		Length of stay in 1b <u>4 DAYS</u>	c. CITY OR TOWN <u>HOUSTON</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>TEXAS CO. MEMORIAL HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>BUCYRUS ROUTE</u>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>CLARENCE</u> Last <u>ACKMAN</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-21-1884</u>
9. AGE (last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	11. BIRTHPLACE (City and state or country) <u>POCAHONTAS, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>ISAAC ACKMAN</u>	
14. MOTHER'S MAIDEN NAME <u>ELLEN MEDLOCK</u>		15. NAME OF HUSBAND OR WIFE <u>ALLIE ACKMAN</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMBOLISM</u>		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>	
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) <u>INTERTROCHANTERIC FRACTURE LEFT FEMUR</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FALL FROM CHAIR</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20c. TIME OF INJURY Hour <u>2:30</u> p.m. Month, Day, Year <u>JUNE 11, '63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>UPTON</u>
21. I attended the deceased from <u>12-20-61</u> to <u>6-15-63</u> and last saw him alive on <u>6-15-63</u>		22a. SIGNATURE <u>[Signature]</u>	
22b. ADDRESS <u>Donation, Missouri</u>		22c. DATE SIGNED <u>6/17/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HICKORY RIDGE</u>	23d. LOCATION (City, town, or county) (State) <u>UPTON, MO.</u>
24. FUNERAL DIRECTOR <u>Edward Friend Houston, MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-20, 63</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1963

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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 embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lowell C. Craig

Licensed Embalmer No. 4766

P. O. Address Wm Grove

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.