

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11848

State File No.

FILED MAY 9 1951

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) <u>Fruitland</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>Neelys Landing</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>Neelys Landing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fruitland <i>Sharon</i></u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Effie</u>	b. (Middle) <u>Martha</u>	c. (Last) <u>Ackman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Birds Point, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Ackman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Ackman</u>	ADDRESS <u>Fruitland, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and Debilitation</u>		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Carcinoma of Cervix Uteri</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from December 24, 1949, to April 17, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 5:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE of <u>Dr. J. G. Schuber</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>105 S. Spanish Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>April 23, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>	24b. DATE <u>4-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemit.</u>	24d. LOCATION (City, town, or county) (State) <u>Neelys-Landing, Mo.</u>
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DATE REC'D BY LOCAL REG'Y <u>Apr 30-51</u>	REGISTRAR'S SIGNATURE <u>D. G. Schuber</u> <u>43</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard B. Bloman</u>	ADDRESS <u>Cape Gir. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. J. G. Schuber

RECEIVED

MAY 7 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

.....
working under my personal supervision.

Student Embalmer No.

Signed Howard R. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.