

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20627

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u> Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond Twp</u>		c. LENGTH OF STAY (in this place) <u>83 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond Twp</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles SE Old Union</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles SE Old Union</u>			d. STREET ADDRESS (If rural, give location) <u>2 miles SE Old Union</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>	b. (Middle) <u>James</u>	c. (Last) <u>A KERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James M. Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina</u>	14. NAME OF HUSBAND OR WIFE <u>Walter B. Akers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James A. Akers, Farmer, 700</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis 1 yr</u> arterio-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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 _____			
22. I hereby certify that I attended the deceased from <u>May 20, 1949</u> to <u>June 6, 1949</u> , that I last saw the deceased alive on <u>June 6, 1949</u> and that death occurred at <u>6:25 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. B. Gay</u>		(Typed or title) _____	23b. ADDRESS <u>Richmore</u>		23c. DATE SIGNED <u>6-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union Country</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 10, 1949</u>	REGISTRAR'S SIGNATURE <u>Malvina Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Malvina Jackson</u>	ADDRESS <u>Richmore, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

Per George B. Hill

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-15-49

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
Student Embalmer

Signed

George D. White

Licensed Embalmer No. 4066

P. O. Address

Putnam, N. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.