

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31402**

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **3057** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 326 So. Thornton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 South Thornton			

3. NAME OF DECEASED (Type or Print) a. (First) Melissa	b. (Middle) (None)	c. (Last) Akers	4. DATE OF DEATH (Month) (Day) (Year) September 2 1950
---	------------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 7-1865	9. AGE (In years, last birthday) Months Days 85 9 25	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mins.
-------------------------	----------------------------------	---	---------------------------------------	--	-------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Camden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME James R. Akers	13b. MOTHER'S MAIDEN NAME Melinda Cooper	14. NAME OF HUSBAND OR WIFE None
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W. T. Akers	ADDRESS Richmond, Mo
--	--	---	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-Sclerosis		
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.		331X	

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 **Aug 1-1950** to **Aug 2, 1950**, that I last saw the deceased alive on **Aug 2, 1950** and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. L. Ray M.D.	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED 9-5-50
---	-------------------------------------	-----------------------------------

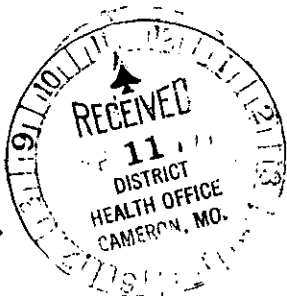
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-5-50	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond, Mo.
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. Sept 6-1950	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE W. T. Akers	ADDRESS QUEST-LIFE FUNERAL HOME RICHMOND? MISSOURI
--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

991



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 _____

H. C. Richeson

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

H. C. Richeson

Licensed Embalmer No. 4792

P. O. Address Rehoboth, 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.