

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23444A

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>16</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>Anderson Tn. Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Anderson, Mo.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Edith</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Akers</u>		July 26 1933	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 24/1900</u>	
9. AGE (In years last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>McDonald County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Wooldridge</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Akers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Violet Caldwell, Anderson, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cesarean Section</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>7/24/1933</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cesarean Section</u>				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) m.		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>July 24, 1933</u> , to <u>July 26, 1933</u> ; that I last saw the deceased alive on <u>July 26, 1933</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Beach</u>				23b. ADDRESS <u>Anderson, Mo.</u>		23c. DATE SIGNED <u>7/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/33</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owsley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-54</u>		REGISTRAR'S SIGNATURE <u>Edith S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Mitchell</u>		ADDRESS <u>Anderson, Mo.</u>	

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

EXHIBIT 61

STATE OF MISSOURI DEPARTMENT OF HEALTH

(JUL 19 1954)

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

The Embalmer is dead working under my personal supervision.

Student Embalmer No.

Signed Student Embalmer

Licensed Embalmer No.

P. O. Address

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.