

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

32097

Registration District No. 33, 1940

Primary Registration District No. 5440

Registrar's No.

728

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 Days
In this community 29 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Woodward County
(c) City or town Woodward
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME AKINS, Louis B.

3. (b) If veteran, name war World War 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Delia Drinning Akins 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. 22 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 14 If less than one day hr. _____ min.

9. Birthplace Hemphill County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Unknown

MOTHER FATHER { 12. Name George Akins

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Joannie Geary

15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased

(b) Address _____

17. (a) Removal (b) Date thereof 9-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodward, Okla.

18. (a) Signature of funeral director Alma G. Meyer

(b) Address Springfield, Mo.

19. (a) 9-8-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1940 hour 7:00 minute 12 P.M.

21. I hereby certify that I attended the deceased from Aug. 8th, 1940
to Sept. 6th, 1940;

that I last saw him alive on Sept. 6th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration Since
Adm. _____

Contributory Causes:
Congenital heart disease - patent
foramen ovale; Myxedema;
Parathyroid deficiency.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Supported clinical findings,
as set forth above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature L. K. Rogers Surgeon (M. D. or other) _____

Address Clinical Director MCFP Date signed _____

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lewis G. Schaeff

Licensed Embalmer No.

3802

P. O. Address

Springfield, 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, above space should be left blank.