

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20097**

FILED JUL 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede-23</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>	
c. LENGTH OF STAY (In this place) <u>unknown</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (First) <u>Edgar</u> (Middle) <u>Akey</u> (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 13 1879</u>	9. AGE (In years) (Months) (Days) <u>70 2 11</u>	10. UNDER 1 YEAR <u></u>	11. UNDER 1 MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Independence, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Judson P. Akey</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Akey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Akey</u> ADDRESS <u>Conway Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Debalism of L. Ventricle</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7 heart</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4343</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 checked="" 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 6-7, 1949, to 6-24, 1949, that I last saw the deceased alive on 6-24, 1949, and that death occurred at 8:20 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Lindsay</u> (Degree or title) _____	23b. ADDRESS <u>Conway Mo.</u>	23c. DATE SIGNED <u>6-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 26 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Conway Laclede Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 26 1949</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hlay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Halman</u> ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

2300

AUG 8 1949

Received JUL 5 1949

Laclede County Health Unit

File No. 7-49-84

Date Filed JUL 5 1949

**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.

Signed Dorsey M. Howe

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.