

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 2000

Registrar's No. 89971

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Lane</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lane</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> d. STREET ADDRESS (If same, give location) <u>2100 N. Pickwick</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>AKRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 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>Nov. 17-1877</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WEEK: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Rt. R.R. Stock Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Clerk</u>				11. BIRTHPLACE (State or foreign country) <u>Morrisville, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Akridge</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Vinyard</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Akridge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Name or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Akridge</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure possibly Coronary Occlusion</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis & Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/18, 1949, to 9/20, 1949, that I last saw the deceased alive on 9/19, 1949, and that death occurred at 130 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Feller M.D.</u> (Degree or title)		23b. ADDRESS <u>609 Cherry Springfield Mo.</u>		23c. DATE SIGNED <u>9/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gruntown</u>	

DATE REC'D BY LOCAL REG. <u>9-22-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingman & Co. Spfld.</u>	
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By J. W. Klingman & Co. (Signature on Reverse Side)

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

No. 300
10-48

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OCT 11 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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4071

P. On Address Springfield

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.