

FILED SEP 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 32634

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 175	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u> (1) <u>2</u> WEEKS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u> No 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITZGERALD'S Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>111 DAISY AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADIA</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>AKEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 5 1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 24 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>SALINE Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (State or foreign country) <u>SALINE Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD KEETH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FRANCIS ELLIOTT</u>		14. NAME OF HUSBAND OR WIFE <u>C. L. AKEMAN (DEC)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank R. Akeman</u> ADDRESS <u>Sweet Springs</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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromboplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 45071				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>1945</u> , to <u>Sept 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 2</u> , 19 <u>49</u> , and that death occurred at <u>5:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Lawrence M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>Sept 6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6-1949</u>		REGISTRAR'S SIGNATURE <u>Bidney J. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. C. CARTER</u> ADDRESS <u>SWEET SPRINGS, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 12
District Health Officer No. 8.
District File Number _____
Date Filed 9-21-49

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.

Student
Student Embalmer

Signed RC Carter

Licensed Embalmer No. 3513

P. O. Address West Long 177

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.