

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35967**

FILED OCT 28 1949

BIRTH NO. _____ REG. DIST. NO. **219** PRIMARY REG. DIST. NO. **6078** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp		c. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Township	
		d. STREET ADDRESS (If rural, give location) 1)	

3. NAME OF DECEASED (Type or Print)	a. (First) Lewis	b. (Middle) Edgar	c. (Last) Akins	4. DATE OF DEATH (Month) (Day) (Year)
				10/ 9/ 49

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 22, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Akins	13b. MOTHER'S MAIDEN NAME Rhoda Kannady	14. NAME OF HUSBAND OR WIFE Bertha Akins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Bertha Akins	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. ONSET AND DEATH 6 Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urinary Bladder		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		18.1Y	

19a. DATE OF OPERATION About June 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Urinary Bladder	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 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 **8-31, 1946**, to **10-6, 1949**, that I last saw the deceased alive on **10-6, 1949**, and that death occurred at **11:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS 1127 Mid Ave, Crystal City, Mo	23c. DATE SIGNED 10/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/49	24c. NAME OF CEMETERY OR CREMATORY Consord Cemetery	24d. LOCATION (City, town, or county) (State) Ste. Genevieve County - Mo.
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DATE REC'D BY LOCAL REG. Oct. 20, 1949	REGISTRAR'S SIGNATURE L.D. Karl	25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Vinyard	ADDRESS Feaster, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

95
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RECEIVED 10-26-49
Health Officer No. 4
File Number 1049-14
Date Filed

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 Ronald L. Vinson

Signed _____
Student Embalmer

Licensed Embalmer No. 4688

P. O. Address Festus, 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.