.S. No. 300
EV. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

41452
State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 551

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 3 W. Ks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ark
b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sulphur Springs
d. STREET ADDRESS (If rural, give location) Apple Glen Twp.

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) c. (Last) Akin

4. DATE OF DEATH (Month) (Day) (Year) Dec 10-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 1-1890
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Florence Akin
14. NAME OF HUSBAND OR WIFE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Wm. Haney ADDRESS Sulphur Spring

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Following an old appendicitis retro-cecal-retroperitoneal abscess — over 2 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 6926

19a. DATE OF OPERATION 11-28-49
19b. MAJOR FINDINGS OF OPERATION Established drainage of abscess
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) m.
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* 11-21, 1949, *to* 12-10, 1949, *that I last saw the deceased alive on* 12-10, 1949, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Fam M D
23b. ADDRESS 410 Jackson, Joplin, Mo.
23c. DATE SIGNED 12-21-49

24a. BURIAL, CREMATION REMOVAL (Specify) Removal
24b. DATE Dec 15 1949
24c. NAME OF CEMETERY OR CREMATORY Warm Cemetery
24d. LOCATION (City, town, or county) (State) Benton Co. Ark.

DATE REC'D BY LOCAL 12-27-49
REGISTRAR'S SIGNATURE Ed James by Dallas Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Sulphur Spring

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-3-50
Jasper County Health Office
County File Number 49-12-995
Date Filed 1-11-50

APR 3 1950

## 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 [illegible]

Signed ..... Student Embalmer

Licensed Embalmer No. 22 11 mo

P. O. Address Siloam Spgs ok

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.