

FILED SEP 28 1950

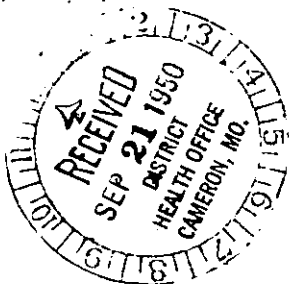
THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29882**

BIRTH NO.		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 5375		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission) a. STATE mo b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Rosa		c. LENGTH OF STAY (In this place) 5 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Rosa		0320	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Mary Elizabeth Akes			a. (First) Mary Elizabeth b. (Middle) Akes c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATE		8. DATE OF BIRTH Dec 22 1908	
9. AGE (In years last birthday) 41		10. MONTHS 8		11. DAYS 12		12. HOURS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Winston	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Henry Burget				13b. MOTHER'S MAIDEN NAME Mary Burget		14. NAME OF HUSBAND OR WIFE Elva Burget	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elva Burget	
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) Coronary occlusion due to Blood clot following Cholelithiasis ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH 4201			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1949 , to Sept 14, 1950 , that I last saw the deceased alive on Sept 14, 1950 , and that death occurred at 1:47 m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Ken Bailey				23b. ADDRESS Gallatin Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 17-50		24c. NAME OF CEMETERY OR CREMATORY Winston		24d. LOCATION (City, town, or county) (State) Winston Mo	
DATE REC'D BY LOCAL REG. 9-19-50		REGISTRAR'S SIGNATURE Rescoe Davidson		25. FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Mayville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



OCT 4 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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3933

P. O. Address Wrayville 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.