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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

1. PLACE OF DEATH  
a. COUNTY Grundy  
b. CITY (If outside corporate limits, write RURAL and give town) TRENTON  
c. LENGTH OF STAY (in this place) 15 Sept 1950  
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Livingston  
c. CITY (If outside corporate limits, write RURAL and give township) TRENTON Route 4 0590  
d. STREET ADDRESS (If rural, give location) R.F.D Trenton #4

3. NAME OF DECEASED (Type or Print)  
a. (First) Charles b. (Middle) H. c. (Last) AKERS

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 29 1950

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept 4 1876 9. AGE (In years last birthday) 74 If UNDER 1 YEAR Months 0 Days 25 If UNDER 2 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 Agriculture 11. BIRTHPLACE (State or foreign country) Livingston County 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HOMER AKERS 13b. MOTHER'S MAIDEN NAME HENRIETTA GLAFIN 14. NAME OF HUSBAND OR WIFE LINNIE DAVIS AKERS (dec)

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Harold Akers son ADDRESS \_\_\_\_\_

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Pancreas  
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 about 1 year

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) \_\_\_\_\_

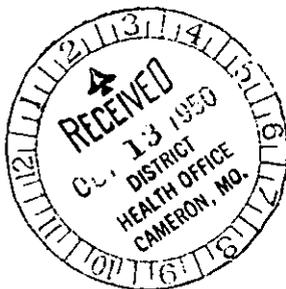
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 1st, 1950, to Sept 29th, 1950, that I last saw the deceased alive on Sept 29th, 1950, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D. (Degree or title) 23b. ADDRESS Trenton Mo 23c. DATE SIGNED Sept. 30 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct-2 1950 24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery 24d. LOCATION (City, town, or county) (State) R#5 Trenton Mo

DATE REC'D BY LOCAL REG. Oct 2-50 REGISTRAR'S SIGNATURE Jesse Fair 25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackman ADDRESS Trenton, Mo.



SEP 13 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed J. Gordon Blackmore  
Student Embalmer No.....

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.