

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36411

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) _____ c. (Last) <u>Akins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1950</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>Unknown, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>80</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
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 <u>Elmy Akins, Drup, Jr.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> 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 <u>36 hrs</u> <u>331X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11-18, 1950</u> , to <u>11-17, 1950</u> , that I last saw the deceased alive on <u>11-17, 1950</u> , and that death occurred at <u>5:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chanderwirth, D.D.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Spg. Mo</u>		23c. DATE SIGNED <u>11-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Silvan Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Silvan Springs, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Rev. H. H. W. W. W. W.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Swinn - Carady, El Dorado, Mo.</u> ADDRESS _____			

418-0

(Licensed Embalmer's Statement on Reverse Side)

mb. 2

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 21 1950

Dist. File 1150-2334

Date Filed 11/29/50

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.

Student Embalmer No.

Signed _____

Floyd E. Carsthus

Signed.....

Student Embalmer

Licensed Embalmer No. 4419

P. O. Address _____

Quincy Springs

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.