

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39831

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1459</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Toddle House Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>218 So. 10th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>M.</u>		c. (Last) <u>AKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-5-1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>peanut vender</u>		11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allison Akes</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi Akes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reta Mae Thompson, 315 Isadore St.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriolosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis Generalized</u> DUE TO (c) <u>XXXXXXXX</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXX</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u> <u>332X</u>	
19a. DATE OF OPERATION <u>XXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>XXXX</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXX</u>			
22. I hereby certify that I attended the deceased from <u>Nov., 28, 1950</u> to <u>Dec., 22, 1950</u> , that I last saw the deceased alive on <u>Dec., 21, 1950</u> , and that death occurred at <u>1:05 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement C. Dumont</u>				23b. ADDRESS <u>Schneider Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>12-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No.....

Licensed Embalmer No. 3986

P. O. Address

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.