

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1575

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus, Mo.</u>		c. LENGTH OF STAY (In this place) <u>64 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>517 Edwards St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E.</u> c. (Last) <u>Akins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 4, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>9</u>		11. DAYS <u>12</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>Retired R.R. car repairman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. car</u>			
11. BIRTHPLACE (State or foreign country) <u>Danby, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James H. Akins</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Ferguson</u>			
14. NAME OF HUSBAND OR WIFE <u>Nellie Akins</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Akins Festus Mo.</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>Cardiovascular disease, Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>42 21</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pleurisy, liver damage due to congestion.</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) _____				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>Jan. 12, 1951</u> , to <u>Jan. 16, 1951</u> , that I last saw the deceased alive on <u>Jan. 16, 1951</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. Z. Schlarb, M.D.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Meriden, Mo.</u>			
23c. DATE SIGNED <u>Jan 17/51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Jan 20, 1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Rosehawn Memorial Park</u>			
24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert R. Polite Crystal City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-19-51</u>				REGISTRAR'S SIGNATURE <u>Eleanore Louise Dep. Entry</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Schlarb

19-7-8-1-24-81
DATE RECEIVED
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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

Gentry R. Polite

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.