

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11561

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 496

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Two wks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea</u>		d. STREET ADDRESS (If rural, give location) <u>0020</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAMIE</u> b. (Middle) <u>CHRISTINA</u> c. (Last) <u>AKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 30, 1899</u>		9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>4</u> DAYS <u>6</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>Andrew Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13. FATHER'S NAME <u>CLARENCE Schildknecht</u>		13b. MOTHER'S MAIDEN NAME <u>Alice DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>Milt 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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Milt Akins</u> ADDRESS <u>Rea Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Nov. 1950</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>		DUE TO (b) <u>acute</u>			
ANTECEDENT CAUSES		DUE TO (c)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2041</u>			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 Nov 17, 1950, to May 6, 1951, that I last saw the deceased alive on May 5, 1951; and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Heron</u> (Name or title) <u>M.D.</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>5-7-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8 MAY 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City MO</u>	
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DATE REC'D BY LOCAL REG. <u>May 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Camp</u> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland W. Clark</u> ADDRESS <u>King City</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Student .....  
Student Embalmer

Signed Roland W Clark

Licensed Embalmer No. 4477

P. O. Address King 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.