

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20016**

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 29

0470

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> <u>1010</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>AKERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1951</u>
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5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Sept. 11 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR (Months) (Days) <u>8</u> <u>29</u>	IF UNDER 4 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Iron County Mo.</u> <u>0</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Stacy Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Harbison</u>	14. NAME OF HUSBAND OR WIFE <u>Otis Akers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ira Akers, Eminence Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute B. lateral</u>			<u>6/3/51</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Bronchial Asthma</u> DUE TO (c) <u>Virus infection</u>			<u>11</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>			<u>11</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-3, 1951, to 6-10, 1951, that I last saw the deceased alive on 6-10-51, 1951, and that death occurred at 9.40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Farland M.D.</u>	23b. ADDRESS <u>Ironton, Mo</u>	23c. DATE SIGNED <u>6-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harbison Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Banner Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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RECEIVED

JUN 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 *Arvid J. White*

Licensed Embalmer No. *3012*

P. O. Address *Imperial, 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.