

FILED AUG 8 1951

# STANDARD CERTIFICATE OF DEATH

State File No.

23858

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (If this place) <b>23 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b> <b>0804</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1314 E. Broadway</b>				d. STREET ADDRESS (If rural, give location) <b>1314 East Broadway</b>			
3. NAME OF DECEASED (Type or Print) <b>Ora Joseph Akin</b>				a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 30 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 21, 1885</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months <b>9</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>hardware clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>		11. BIRTHPLACE (State or foreign country) <b>Akinsville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred B. Akin</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Hodges Akin</b>		14. NAME OF HUSBAND OR WIFE <b>Orpha Fowler Akin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>491-07-4663</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Orpha Fowler Akin, Sedalia, Mo</b>			
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) <b>Cerebral embolism</b>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral sclerosis</b>							
DUE TO (c) <b>Hypertension, essential</b>							
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 <b>4/201</b>		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 <b>March</b> , 19 <b>50</b> , to <b>July 30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>July 30</b> , 19 <b>51</b> , and that death occurred at <b>12:55A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Chas. Gordon Schepker M.D.</b>				23b. ADDRESS <b>Sedalia, Mo</b>		23c. DATE SIGNED <b>7-31-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/2/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8/1/51</b>		REGISTER'S SIGNATURE <b>W. J. Campbell M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Campbell M.D.</b>		ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 8-7-51 .....

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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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*R. E. Baker*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.