

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2335

State File No.

FEB 13 1952

BIRTH NO. 3418-52 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sharon</u>	b. (Middle) <u>Charlene</u>	c. (Last) <u>Akers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>46.</u> <u>1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>		8. DATE OF BIRTH <u>Jan. 26, 1952</u>	9. AGE (In years last birthday) <u>9</u> MONTHS <u>9</u> DAYS <u>9</u> HOURS <u>9</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Lloyd Akers</u>	13b. MOTHER'S MAIDEN NAME <u>Reva ----- Cash</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>7543</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Akers</u>	ADDRESS <u>Waynesville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Potential foramen ovale</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>9 da</u>
---	--	---	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
------------------------	----------------------------------	---

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 1-26-, 1952, to 2-4, 1952, that I last saw the deceased alive on 1-28-, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Miller msp</u>	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>2-7-52</u>
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gospel Ridges Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pulaski County Mo.</u>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-8-52</u>	REGISTRAR'S SIGNATURE <u>Paula P. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Hays</u>	ADDRESS <u>Waynesville, Mo.</u>
---	---	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-8-52
Niski County Health Officer
File Number
Date Filed 2-9-52

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

Walter P. Hughes

Licensed Embalmer No.

4265

P. O. Address

Peru, 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.