

# STANDARD CERTIFICATE OF DEATH

15302

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

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

BIRTH NO. _____		REG. DIST. NO. <u>331</u>		PRIMARY REG. DIST. NO. <u>4486</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> <u>1000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> <u>1000</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BENTON</u>		c. LENGTH OF STAY (in this place) <u>40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BENTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTON</u>				d. STREET ADDRESS (If rural, give location) <u>BENTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) _____		c. (Last) <u>AKLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23 1952</u>	
5. SEX <u>Male</u> <u>0</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. 22 1869</u>	
9. AGE (In years last birthday) <u>82</u>		10. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>PETER AKLEY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN FORNES</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISA ANN AKLEY</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 ADDRESS <u>PAUL GANDEL BENTON, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney Infection</u> DUE TO (c) <u>Urinary Block</u>  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>6 mo.</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>First hour after death</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lytle P. G. 3 Carman Denton Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>4/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>0</u>		24b. DATE <u>Apr. 25 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. LAWRENCE CEMETERY NEW HAMBURG</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 5 52</u>		REGISTRAR'S SIGNATURE <u>Wm. Eddie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl J. Smith</u>		ADDRESS <u>ORAN, MO.</u>	

RECEIVED MAY 7 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 562-18

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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 \_\_\_\_\_

Licensed Embalmer No. 3676

P. O. Address Owen, 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.