

FILED MAY 20 1952

STANDARD CERTIFICATE OF DEATH

15504

State File No.

BIRTH NO.		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>5 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio--rural</u>		<u>003.1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospt'</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle) <u>MARK</u>		c. (Last) <u>AKERS</u>	
4. DATE OF DEATH <u>May 3, 1952</u>		(Month)		(Day)		(Year)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 29, 1910</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR <u>9</u> Months		IF UNDER 1 YEAR <u>4</u> Days		IF UNDER 24 HRS. <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Limon, Colorado</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. E. Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Phend</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. N. Lucille Akers</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. M. Akers</u> ADDRESS <u>Tarkio, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shrapnel Wound of Abdomen with Penetration of Peritoneal Cavity -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>E9190</u> <u>03 19</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm shed</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tarkio Atchison Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental discharge of .22 Rifle</u>			
22. I hereby certify that I attended the deceased from <u>5-3</u> , 19 <u>52</u> , to <u>5-3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-3</u> , 19 <u>52</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Tarkio, Mo.</u>		23c. DATE SIGNED <u>5/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 14, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

030

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 _____

John M. Davis
Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.