

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 3565

31460

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

FILED SEP 24 1952

BIRTH NO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 2551		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodland		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodland		0470			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) General Delivery					
3. NAME OF DECEASED (Type or Print) William Edward Akers			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 52			
5. SEX Male O		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 3/5/1882			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Goodland Mo O		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Akers			13b. MOTHER'S MAIDEN NAME Caroline Spencer			14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bell Banner, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  4201				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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at ?? m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) O.R. Howell, Coroner				23b. ADDRESS Ironton, Mo		23c. DATE SIGNED 9/19/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/26/52		24c. NAME OF CEMETERY OR CREMATORY Goodland Cemetery		24d. LOCATION (City, town, or county) (State) Goodland Mo.			
DATE REC'D BY LOCAL REG. Sept 20 - 1952		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howell Funeral Home Ironton Mo					

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

OCT 6 1952

**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 Ch. Howell

Licensed Embalmer No. 3670

P. O. Address Boston Md

**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.**