

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28474

State File No. _____

FILED SEP 11 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4079

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Conway</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. # 1 Box 134</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEROY</u> b. (Middle) <u>AKEY</u> c. (Last) <u>AKEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17 - 1953</u>		
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>Dec. 28 1886</u>	9. AGE (In years last birthday) <u>66</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>					

13a. FATHER'S NAME <u>Judson AKEY</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Alice AKEY</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>Mrs. Alice M. Akey Conway, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>7-30-53</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PORTAL VEIN THROMBOSIS; Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE HT. DISEASE AND RECENT SPLENECTOMY</u> DUE TO (c) <u>Agmogenic myeloid metaplasia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(d) Omegakaryocytosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>YEARS</u> <u>2+ wks.</u> <u>2981</u>	
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19a. DATE OF OPERATION <u>7-30-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>SPLENO MEGALY</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 7-27, 1953 to 8-17, 1953 that I last saw the deceased alive on 8-17, 1953 and that death occurred at 8:52 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George O. Milnes</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Nichols Rd. K.C. Mo.</u>		23c. DATE SIGNED <u>8-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grace Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Conway Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons Kansas City Missouri</u> <u>1331 Brush Creek Blvd.</u>			
DATE REC'D BY LOCAL REG. <u>8-18-53</u>		REGISTRAR'S SIGNATURE <u>Staldine Smith</u>			

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

SEP 11 1961

96-22-33
8-2

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
Signature of Student Embalmer

Signed *Herbert A. Jones*
Licensed Embalmer No. 4927

P. O. Address 4125 Ponce de Leon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.