

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32807**
Registrar's No. **9405**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9405				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Reynolds		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 4 Weeks		c. CITY OR TOWN Lesterville, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 0900						
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) E.		c. (Last) AKINS		4. DATE OF DEATH (Month) (Day) (Year) September 29, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 25, 1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 4	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 Retired		11. BIRTHPLACE (City and State or Foreign Country) Redford, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME David Akins			13b. MOTHER'S MAIDEN NAME Katherine Brawley			14. NAME OF HUSBAND OR WIFE Minnie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Akins, Lesterville, Missouri					
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) Starvation Acidosis						INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) T. B. Osteomyelitis						2 1/2 yrs		
		DUE TO (c) Opine								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chv. Cholecystitis						1 yr		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 0120						
22. I hereby certify that I attended the deceased from Mar 8, 1951 , to 9/29, 1953 , that I last saw the deceased alive on 9/28, 1953 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE Shukada md				(Degree or title)		23b. ADDRESS Humboldt Bldg		23c. DATE SIGNED 9/30/53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-1-1953		24c. NAME OF CEMETERY OR CREMATORY Corridon Cemetery		24d. LOCATION (City, town, or county) (State) Corridon, Missouri				
DATE REC'D BY LOCAL REG. SEP 30 1953		REGISTRAR'S SIGNATURE Carl Smith md			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo.					
(Licensed Embalmer's Statement on Reverse Side)										

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

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..... *A. G. Farris*

Licensed Embalmer No. *338*
P. O. Address *2301 Lafayette*

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.