

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2281**

BIRTH NO. FILED FEB 15 1954		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5936		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Smithton		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Allenton		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 50 east of Smithton				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE		b. (Middle) E.		c. (Last) AKERS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 16, 1929	
9. AGE (In years last birthday) 24		10. UNDER 1 YEAR Months 24		11. UNDER 1 YEAR Days 24		12. UNDER 1 YEAR Hours 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edgar Akers		13b. MOTHER'S MAIDEN NAME Emma Bell		14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. in service		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Dudley, Allenton, Mo.		ADDRESS *****	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck due to automobile accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Miss			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-5-54 1:10 AM		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? run over on highway			
22. I hereby certify that I attended the deceased from as Coroner , 19 1954 , that I last saw the deceased alive on 2-5-54 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. Gordon Hanflick, M.D.				23b. ADDRESS Coroner, Pettis Co.		23c. DATE SIGNED 2-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Good Shepherd Cem.		24d. LOCATION (City, town, or county) (State) Baumer, Mo. 2/8/54 Pacific, Missouri	
25. DATE SIGNED BY LOCAL REG. 2/5/54		REGISTRAR'S SIGNATURE A.C. Campbell		25. FEDERAL DIRECTOR'S SIGNATURE Edna Ewing ADDRESS Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1955
MAR 8 1955

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..... *P. E. Baker*

Licensed Embalmer No. *24*

P. O. Address *Seaside*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.