

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9092**

BIRTH NO. FILED **MAR 16 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) RT # 11 CARTHAGE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) RUSSELL		c. (Last) AKIN		4. DATE OF DEATH MARCH 7, 1954 (Month) (Day) (Year)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOVEMBER 26, 1870		9. AGE (In years last birthday) Months Days Hours Mins. 83 3 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED S.W. MISSOURI		10b. KIND OF BUSINESS OR INDUSTRY R.R. COMPANY EMP.		11. BIRTHPLACE (State or foreign country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM OSCAR AKIN		13b. MOTHER'S MAIDEN NAME SUSAN WALKER		14. NAME OF HUSBAND OR WIFE	
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. NO		17. INFORMANT'S SIGNATURE OR NAME E. V. AKIN	
				ADDRESS CARTHAGE, MISSOURI	

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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3/5/54	
		PRECEDENT CAUSES DUE TO (b) Cardio-vascular renal Disease		Unknown	
		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 <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) (Min.)		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 **3/5/54**, to **3/6/54** that I last saw the deceased alive on **3/6/54**, 19**54**, and that death occurred at **4:55A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS 321 Frisco Building, Joplin, Mo.		23c. DATE SIGNED 3/9/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 9, 1954		24c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) CARTERVILLE, MISSOURI	

DATE REC'D BY LOCAL REG. 3-11-54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 15 1954
Jackson County Health Office
County File Number 54-3-200
Date Filed MAR 15 1954

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 *Richard Gray Lewis*

Licensed Embalmer No. *24413*

P. O. Address *Webb City, 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.