

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 29 1954 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3648 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedford</u>	
c. LENGTH OF STAY (In this place) <u>1 hour</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp -</u>		d. STREET ADDRESS (If rural, give location) <u>403 Park St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>ANN</u> c. (Last) <u>AKERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7-1874</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
10c. CITIZENSHIP (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>David Alderson</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Hind</u>	14. NAME OF HUSBAND OR WIFE <u>HURB AKERS</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X Bernice Perkins</u>	ADDRESS <u>Bedford Ia</u>
--	-------------------------------------	--	---------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		MEDICAL CERTIFICATION INTERNAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	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.		

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)	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 9/1 53 to 3/19 54 and that death occurred at 10a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Kirk</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Hopkins Mo</u>	23c. DATE SIGNED <u>3/20/54</u>
----------------------------------	-----------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shavitt Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Shavitt Iowa</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-27-54</u>	REGISTRAR'S SIGNATURE <u>Kess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Helton, Jr</u>	ADDRESS <u>Bedford Ia</u>
---	--	--	---------------------------

(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
Student Embalmer

Signed

Frank W. Tetlow Jr.

Licensed Embalmer No. 4517

P. O. Address Bedford, Iowa

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.