

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9643**

BIRTH FILED APR 2, 1954 **REG. DIST. NO.** 277 **PRIMARY REG. DIST. NO.** 4411 **Registrar's No.** EE 11

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u> <u>0820</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bryon</u> b. (Middle) <u>Cluister</u> c. (Last) <u>AKERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1954</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>Nov. 24 1885</u>		9. AGE (In years last birthday) <u>67</u> 10. IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u> 11. IF UNDER 1 MIN. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. A. Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Roseanna Ann Akers</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 <u>Mrs. Cluister Akers</u>		18. ADDRESS <u>Bowling Green Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Throbosio</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None Known</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None Known.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7</u>	
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) <u>Bowling Green</u> <u>Pike</u> <u>MO.</u>			
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 <u>Nov. 3/14/1885</u> , to <u>High 3/14, 1954</u> , that I last saw the deceased alive on <u>March 14, 1954</u> , and that death occurred at <u>12 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eugene Parrish M.D.</u>		23b. ADDRESS <u>Bowling Green Mo</u>	
23c. DATE SIGNED <u>3-22-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 19 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green</u> <u>MO</u>	
24e. DATE REC'D BY LOCAL REG. <u>3-24-54</u>		24f. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Barrhead</u>		24h. ADDRESS <u>Bowling Green Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 1956

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 Harold C. Kink

Licensed Embalmer No. 4597

P. O. Address Bonling House

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.