

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5424

15430

State File No.

BIRTH NO. 29158-54 REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4186 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp.		c. CITY OR TOWN Campbell	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Campbell, Mo. #3		e. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Melveta c. (Last) Akridge		4. DATE OF DEATH (Month) (Day) (Year) May 13 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 12 1954
9. AGE (In years last birthday) 10		10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 10 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Lonzo Akridge	13b. MOTHER'S MAIDEN NAME Dorothy Prentice	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. None	17. INFORMANT'S SIGNATURE OR NAME Father, Lonzo Akridge, Campbell, 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) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH
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 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) m.	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 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 8 P.M. on 19____, from the causes and on the date stated above.

23a. SIGNATURE Bernard L. Frank (Degree or title)	23b. ADDRESS Campbell, Mo.	23c. DATE SIGNED 5-13-54
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13 1954	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	24d. LOCATION (City, town, or county) (State) Clarkton, Missouri
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 5/17/54	REGISTRAR'S SIGNATURE Mrs. I. Deulah Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Friends, Campbell, Missouri ADDRESS
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 5-24-

COUNTY FILE NUMBER 554

210

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{Signature} was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.