

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16271

State File No. 16271
Registrar's No. 201

FILED JUN 8 1954
Hi

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>1922 Balston 7005</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>E</u> c. (Last) <u>Akin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 1, 1902</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>51 5 31</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles B. Melvin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>Elbert L. Akin</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>490-24-2229</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elbert L. Akin - 1922 Balston</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>Glioblastoma of Brain</u> ANTECEDENT CAUSES DUE TO (b) <u>Early bilateral acute Pneumonia - 2 days</u> DUE TO (c) <u>Medullary failure & increased intracranial pressure due to</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(c)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>193 X</u>	
20. AUTOPSY? YES <input checked="" 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)		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>Oct 30</u> , 19 <u>53</u> , to <u>5/22</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred W. Link</u>		23b. ADDRESS <u>Kansas City, Mo</u>	
23c. DATE SIGNED <u>5/24/54</u>		24. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Flood Hills Co</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Elbert L. Akin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Elbert L. Akin</u>		ADDRESS <u>1922 Balston</u>	

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

1954 JUL 14

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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 *William L. Kelly*

Licensed Embalmer No. *422*

P. O. Address *Indep*

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.