

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32824

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 12

1020

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

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY OR TOWN MORRIS Twp.		c. CITY OR TOWN MORRIS Twp.	
c. LENGTH OF STAY (in this place) 6454		10 ²⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 12 Mike N. CABOOL	
3. NAME OF DECEASED (Type or Print) MALGENIE KATHINE AKEMAN		4. DATE OF DEATH (Month) (Day) (Year) SEP. 29-54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 30-1890
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TEXAS CO., MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ANDY		13b. MOTHER'S MAIDEN NAME MARTHA BURRIS	
14. NAME OF HUSBAND OR WIFE GUS AKEMAN			
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 Gus Akeman		ADDRESS Cabool	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Bladder INTERVAL BETWEEN ONSET AND DEATH Not known 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 181X	
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) (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 Sept 1 - 1954 , to Sept 29 , 1954, that I last saw the deceased alive on Sept 29 , 1954, and that death occurred at 11:45 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gus Akeman MD		23b. ADDRESS Mountain Pine Mo.	
23c. DATE SIGNED Oct 2 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-1-54	
24c. NAME OF CEMETERY OR CREMATORY BADO CEMET.		24d. LOCATION (City, town, or county) (State) TEXAS CO., MO.	
DATE REC'D BY LOCAL REG. 10-2-54		REGISTRAR'S SIGNATURE 325-10	
25. FUNERAL DIRECTOR'S SIGNATURE Haynell Cunningham		ADDRESS Elliot - Seatey, Cabool	

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.

Signed.....
Student Embalmer

Signed

James L. Nentry

Licensed Embalmer No. *4718*

P. O. Address

Calool, 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.