

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 570
Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134

1. PLACE OF DEATH
a. COUNTY Clay 6000
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville 6000
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED
a. (First) John b. (Middle) Aker c. (Last) Aker
(Type or Print)

4. DATE OF DEATH Feb. 4, 1955
(Month) (Day) (Year)

5. SEX Male 0
6. COLOR OR RACE White Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7

8. DATE OF BIRTH July 28, 1873

9. AGE (In years last birthday) 81
if UNDER 1 YEAR Months 6 Days 7 if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor

10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Aker

13b. MOTHER'S MAIDEN NAME Missouri K. Shaffer

14. NAME OF HUSBAND OR WIFE Annie Bell Aker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bryan Aker Smithville, Missouri

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 592X

20. AUTOPSY? YES NO

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1934, to Feb 4, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED 2/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-7-55

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Smithville, Missouri

DATE REC'D BY LOCAL REG. 2-7-55

REGISTRAR'S SIGNATURE Marguerite Judgen

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
McComas Funeral Home Smithville, Mo.

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Donald W. Henke

Signed.....
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.