

FILED MAR 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5520

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5696		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Livingston 0590				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL, and give town or township) Springhill			c. LENGTH OF STAY (In this place) 9 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springhill 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Township				d. STREET ADDRESS (If rural, give location) Jackson Township 0			
3. NAME OF DECEASED (Type or Print) WILLIAM GRANT AKERS			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1955	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14, 1868	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret)		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret)		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Homer Akers			13b. MOTHER'S MAIDEN NAME Henrietta Clafflin			14. NAME OF HUSBAND OR WIFE Elba	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Ernest Akers, Chillicothe, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm				48 hrs.	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6-8 yrs.	
		DUE TO (b) Arteriosclerosis					
		DUE TO (c) Senility					
		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 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) 451 X			
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 1-28-52, 19 to 2-23-1955, that I last saw the deceased alive on 2-22-55, 19, and that death occurred at 6:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. W. Matheny M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 2/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/25/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant cemetery		24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.	
DATE REC'D BY LOCAL REG. 2-29-55		REGISTRAR'S SIGNATURE Frances B. Neill 171		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon - Chillicothe, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard H. Blandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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.