

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7269**

State File No. ....

BIRTH NO. FILED APR 11 1955 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 366

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1120 Lincoln Street</u>		e. STREET ADDRESS (If rural, give location) <u>1120 Lincoln Street</u>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>ALFRED</u>			b. (Middle) <u>CLEMINGS</u>		
c. (Last) <u>AKINS</u>			d. (Month) <u>April</u>		
e. (Type or Print)			f. (Day) <u>4</u>		
g. (Year) <u>1955</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR (OR RACE)</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>February 26, 1887</u>		<b>9. AGE</b> (In years last birthday) <u>68</u>		IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. Fireman Captain</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Fire Department</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Nebraska City, Nebraska</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>					
<b>13a. FATHER'S NAME</b> <u>James Akins</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Lingel</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Rose Akins</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Unk</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Rose Akins</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs?</u>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Calcium Aorta</u>			
		<b>ANTECEDENT CAUSES</b>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Art. Aorta &amp; Hypertension, yrs.</u>			
		DUE TO (c)			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
		Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Joseph Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Jan</u>, 19<u>51</u>, to <u>4-4</u>, 19<u>55</u>, that I last saw the deceased alive on <u>1-17</u>, 19<u>55</u>, and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>			<b>23b. ADDRESS</b> <u>St. Joseph Mo</u>		<b>23c. DATE SIGNED</b> <u>4-5-55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Apr. 7, 1955</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cemetery</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>April 8, 1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
				<b>ADDRESS</b> <u>St. Joseph, Mo.</u>	

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.....  
Signature of Student Embalmer

Signed.....  
*Charles E. Bennett*

Licensed Embalmer No. *14632*

P. O. Address *St. Joseph*

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.