

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23209
State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Hampden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft. Leonard Wood, Mo.</u>				c. CITY OR TOWN <u>Longmeadow</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>212 Hopkins Pl.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Morris</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Akin</u>	
4. DATE OF DEATH		a. (Month) <u>Aug.</u>		b. (Day) <u>4</u>		c. (Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/26/1901</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fair Grove, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>M. C. Akin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Akin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Combs</u> ADDRESS <u>Springfield, Missouri</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>skull fracture, crushing</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>injuries, result plane crash</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>861X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>39</u>				20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Wood</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atwood Pulaski MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-4-55 10:33 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Airplane crash</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 4, 1955</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 4, 1955</u> , and that death occurred at <u>12:33m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. Hedges</u> County Coroner				23b. ADDRESS <u>Richland, Missouri</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mass</u>	
DATE REC'D BY LOCAL REG. <u>8-7-55</u>		REGISTRAR'S SIGNATURE <u>Paul Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Hedges</u>		ADDRESS <u>Funeral Home Crocker, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-7-55
Pulaski County Health Officer
File Number 8-7-55
Date Filed 8-7-55

AUG 18 1955

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 *Walter P. Hedger*.....

Licensed Embalmer No. *42*.....

P. O. Address *Berea, 11*.....

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.