

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3476**  
Registrar's No. **13**

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **6088**

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Miami Township</b>		c. LENGTH OF STAY (in this place) <b>39 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 1/2 miles N-E of Miami</b>		e. STREET ADDRESS (If rural, give location) <b>5 1/2 miles N-E of Miami, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b> b. (Middle) <b>Lynn</b> c. (Last) <b>Akeman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 11, 1916</b>
9. AGE (In years) <b>39</b> IF UNDER 1 YEAR (Specify) <b>1</b> MONTHS <b>23</b> DAYS		11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>George Elmer Akeman</b>	
13b. MOTHER'S MAIDEN NAME <b>Nora Lee Roscom</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Sallee Akeman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-12-3726</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Laddie Akeman</b>		ADDRESS <b>Gilliam, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b> 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 <b>4201</b>	
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)		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 <b>Made in residence 2-4-56</b> , 19 <b>56</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3 9</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>C. L. Landess M.D. Coroner Saline Co.</b>		23b. ADDRESS <b>Marshall Mo</b>	
23c. DATE SIGNED <b>2-4-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Feb. 6, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miami Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Miami, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl C. Metz</b>	
DATE REC'D BY LOCAL REG. <b>2/9/56</b>		ADDRESS <b>MARSHALL, Mo.</b>	

FEB 15 1956

FEB 17 1956

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 *James A. Lewis Jr.*.....

Licensed Embalmer No. *470*

P. O. Address *Marshall*

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.