

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15579

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 556
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 6 days	c. CITY OR TOWN Cameron,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) South Walnut Street 025		
3. NAME OF DECEASED (Type or Print) a. (First) Orville		b. (Middle) Eugene	c. (Last) Akey	4. DATE OF DEATH (Month) (Day) (Year) May 15th 1956
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19-1914	9. AGE (In years last birthday) 41 Yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station-Helper OB&A Railroad, Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cameron, Missouri.
13a. FATHER'S NAME Orrin Akey		13b. MOTHER'S MAIDEN NAME Violet Groebe		14. NAME OF HUSBAND OR WIFE Margaret Akey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. 499-01-4799		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Akey, Cameron, Mo. ADDRESS
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tobacco Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest Injury</u> DUE TO (c) <u>Multiple "</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mesothelioma</u>		INTERVAL BETWEEN ONSET AND DEATH 6 da
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Slipped Home Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 MILE West MORRISVILLE - MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 5, 1956 11 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO COLLISION
22. I hereby certify that I attended the deceased from 5/15, 1956, to 5/15, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:40pm m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Jacob Kulavlik MD		23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 5/21/56
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE May 18th 1956		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
24d. LOCATION (City, town, or county) (State) Cameron, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Esther M. Allison St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. May 25, 1956		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1956

AUG 9 1961

Dr. R. C. ...

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 *Raymond W. ...*

Licensed Embalmer No. *4413*

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.