

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23137

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY TWP.		c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY OR TOWN SMITHVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION CLAY COUNTY HOME		f. STREET ADDRESS (If rural, give location) LIBERTY? MO. R.F.D. 6000	

3. NAME OF DECEASED (Type or Print)	a. (First) JASPER	b. (Middle) NEWTON	c. (Last) AKER	4. DATE OF DEATH (Month) (Day) (Year) JULY 28 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 28, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) CLAY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN AKER	13b. MOTHER'S MAIDEN NAME MISSOURI K. SHAFFER	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME BRYAN AKER ADDRESS SMITHVILLE, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 9 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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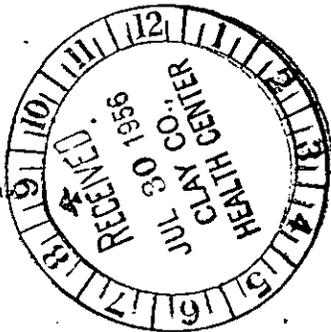
22. I hereby certify that I attended the deceased from 1950, to July 25, 1956, that I last saw the deceased alive on July 1, 1956, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. G. Graham</i> (Degree or title) M.D.	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 7/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-27-1956	24c. NAME OF CEMETERY OR CREMATORY I.O. O. F. CEMETERY	24d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.
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DATE REC'D BY LOCAL REG. 7-27-56	REGISTRAR'S SIGNATURE <i>Wm. G. Graham</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME, Smithville, MO.
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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..... *Donald W. Hanks*

Licensed Embalmer No. *452*

P. O. Address *Smithville*

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.