

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44610

State File No.

BIRTH NO.		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>6282</u>		Registrar's No. <u>189</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>NORWOOD</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>NORWOOD</u>		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 <u>60 HIGHWAY WEST</u>				e. STREET ADDRESS (If rural, give location) <u>60 HIGHWAY WEST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u>		b. (Middle) <u>J.</u>		c. (Last) <u>AKERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 15, 1894</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MANFIELD MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GRANNILLE AKERS</u>		13b. MOTHER'S MAIDEN NAME <u>LEONA DUNGAN</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE J. SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace J. Smith</u> ADDRESS <u>Norwood, Mo.</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>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient had an Infarction 3/56</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) <u>Dec. 12, 1956</u> m.		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 <u>3/</u> , 19 <u>56</u> , to <u>Death</u> , that I last saw the deceased alive on <u>Dec. 9</u> , 19 <u>56</u> , and that death occurred at <u>1:36 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James L. Thomas D.O.</u>		23b. ADDRESS <u>202 N. Mansfield, Mo.</u>		23c. DATE SIGNED <u>12/13/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>THOMAS</u>		24d. LOCATION (City, town, or county) (State) <u>NORWOOD MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/14/56</u>		REGISTRAR'S SIGNATURE <u>Am. R. R. R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. R. R.</u> ADDRESS <u>7th. Ave. N.W.</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1957

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WRIGHT CO. HEALTH DEPT.
County File Number 1256-117
Date Filed 12-17-1956

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FEB 14 1957

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..... *R. W. Barb*

Licensed Embalmer No. 3
P. O. Address *Wt. 17*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.