

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28549

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 163

Primary Registration District No. 5596

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WASHINGTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VALLE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>BEL GRADE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NEWAY 21</b>		Length of stay in lb —		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>LEWIS</b> Last <b>AKERS</b>				4. DATE OF DEATH Month <b>AUG</b> Day <b>21</b> Year <b>1957</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 4 1938</b>	
9. AGE (In years last birthday) <b>19</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		11. BIRTHPLACE (City and state or country) <b>BELGRADE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>HENRY C AKERS</b>				14. MOTHER'S MAIDEN NAME <b>NEELY</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-44-5787</b>		17. INFORMANT Address <b>HENRY C AKERS BELGRADE, MO.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Internal Injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>NONE</b>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Single car accident.</b>					
20c. TIME OF INJURY Hour <b>3:35</b> a. m. <b>P.</b> Month, Day, Year		20d. INJURY OCCURRED WORK AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Valle Twp.</b>		COUNTY <b>JEFF.</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>View.</b> to _____ and last saw her alive on _____ Death occurred at <b>3:35 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>James O. Phelps D.C. Coroner</b>				22b. ADDRESS <b>Manassas, Va.</b>		22c. DATE SIGNED <b>8/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/24/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>METHODIST CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CALADONIA MO</b>	
24. FUNERAL DIRECTOR <b>SPARKS</b>				ADDRESS <b>FUNERAL HOME PITUSIMO</b>		25. DATE RECD. BY LOCAL REG. <b>8-23-1957</b>	
				26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>			

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI

DATE RECEIVED  
AUG 26 1957  
SEP 9 1957

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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 e  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer .....

Signed

*Murphy L. Sparr*

Licensed Embalmer No. 42

P. O. Address *Flat R*

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.