

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022859

STATE FILE NUMBER

FILED JUL 2 1958

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARKVILLE</u>		c. CITY OR TOWN <u>PARKVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If outside, give location) <u>1307 MAIN</u>	

3. NAME OF DECEASED (Type or print) <u>ERNEST GIVEN AKER</u>			4. DATE OF DEATH <u>JUNE 20 1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG-17-1892</u>	9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE MANAGER TELEPHONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>	11. BIRTHPLACE (City and state or country) <u>BELTON MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES M AKER</u>			14. MOTHER'S MAIDEN NAME <u>JANE KILINDER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-01-4257</u>		17. INFORMANT <u>MRS. AKER - Parkville Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerosis, Diffuse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		<u>4500</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>11-26-57</u> , to <u>6-20-58</u> and last saw ^{that} him alive on <u>6-19-58</u> Death occurred at <u>4</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>H. C. Thurman M.D.</u>	22b. ADDRESS <u>11 E 1st, Parkville, Mo</u>	22c. DATE SIGNED <u>6-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>
23d. LOCATION (City, town, or county) (State) <u>Parkville MO</u>		

24. FUNERAL DIRECTOR ADDRESS <u>Leland W Francis, Parkville</u>	25. DATE RECD. BY LOCAL REG. <u>June 22-58</u>	26. REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Selaud H. Francis*
401 main st #245
Licensed Embalmer No.

P. O. Address *Parkville*

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.