

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19965

0422

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO 0422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home on West Mill</u>		d. STREET ADDRESS (If rural, give location) <u>West mill st</u>	
3. NAME OF DECEASED a. (First) <u>MABEL</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>AKERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12/9/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENL WORK</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
13a. FATHER'S NAME <u>RILEY AKERS</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE SWINDELL</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>492-14-693</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Myrtle Shockley</u> ADDRESS <u>Clinton</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension</u> 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"/>		4201	
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)	
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>6-15</u> , 1951, to <u>6-17</u> , 1951, that I last saw the deceased alive on <u>6-16</u> , 1951, and that death occurred at <u>7 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Florence Adair</u> (Degree or title)		23b. ADDRESS <u>Clinton MO</u>	
23c. DATE SIGNED <u>6-17-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/20/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COLORED CEM Clinton</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>		DATE REC'D BY LOCAL REG <u>June-17-51</u>	
REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J E Consoler</u> ADDRESS <u>Clinton</u>	

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

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

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 _____
Student Embalmer

Signed *J. E. Conners*

Licensed Embalmer No. 1891

P. O. Address *Clinton, Mo.*

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 this body is not embalmed, fact should be so stated above.