

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046655

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 303

FILED DEC 26 1962

VS 300
Rev. 4/59

10425
29400

3
4 0
5 0
6
7 1
8 1
9 299X
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry		a. STATE S. Dakota COUNTY Unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Belle Fourche	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp		d. STREET ADDRESS (If outside, give location) 704 Stanley	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last JAMES EDWARD AKIN		Month Day Year December 11, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/14/42
9. AGE (last birthday) 20		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Geodetic Survey crew		10b. KIND OF BUSINESS OR INDUSTRY Govt. survey	11. BIRTHPLACE (City and state or country) San Angelo, Texas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Melvin J Akin	
13b. MOTHER'S MAIDEN NAME Lorraine J. Lindgren		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 504-44-6679	
17. INFORMANT Melvin Akin		Address Belle Fourche, S.D.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
IMMEDIATE CAUSE (a) Acute myocardial dilatation - fibrillation			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Chronic blood dyscrasia (anemia thalassemia)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year		
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 12/10/62 to 12/11/62 and last saw him alive on 12/10/62			
Death occurred at 2:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. R.S. Hallingworth M.D.		22b. ADDRESS Clinton Missouri	22c. DATE SIGNED 12/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Via Train and Auto	23d. LOCATION (City, town, or county) Belle Fourche, S.D.
24. FUNERAL DIRECTOR Consalus	ADDRESS Clinton, Mo.	DATE RECD. BY LOCAL REG. Dec. 11, 1962	26. REGISTRAR'S SIGNATURE Mildred Biggers

JAN 23 1963

JAN 4 1963

MAR 13 1963

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

Eugene R. Connelley

Licensed Embalmer No. 4680

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Permit obtained 12/11/62 (1115)