

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34775
Registrar's No. _____

Registration District No. 229

Primary Registration District No. 4156

1. PLACE OF DEATH

(a) County De Kalb
(b) City or town Amity
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Forty two years (Specify whether years, months or days)

8. (a) PRINT FULL NAME James Calvin Akey
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Smith Akey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Akey
13. Birthplace Penn
14. Maiden name Elizabeth Hunkell
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paula Fowler
(b) Address Maysville Mo. R.R. #4

17. (a) Burial (b) Date thereof 10 8 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgelyville Cem. Adick's Co.

18. (a) Signature of funeral director F. B. Brown
(b) Address Stewartsville Mo.

19. (a) 10-7-41 (b) Arthur Hance (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb
(c) City or town Amity (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1941 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 2, 1940 to Oct. 4, 1941; that I last saw him alive on Oct. 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 6 DAYS
HYPOSTATIC BRONCHOPNEUMONIA 4 DAYS
Due to GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION UNDET.
Due to SENILITY

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 430
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John M. Cozen M.D. (M. D. or other) _____
Address Maysville, Mo. Date signed 10-7-41

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. G. P. 161 X19811

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Donell H. Lyon
Licensed Embalmer No. 3640
P. O. Address Plattsburg 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, above space should be left blank.