

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2223

FILED JAN 26 1950

449

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1009 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 22 2653 Caroline Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) PAUL	c. (Last) AKINS
4. DATE OF DEATH	Month Day Year January 13, 1950		
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED S D	8. DATE OF BIRTH January 19, 1934
9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bunker, Missouri	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Noah Akins	13b. MOTHER'S MAIDEN NAME Clara Messmer	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noah Akins 2653 Caroline Street	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Acute appendicitis Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 hours 4 days
19a. DATE OF OPERATION 1-9-50	19b. MAJOR FINDINGS OF OPERATION: acute appendicitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 532X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 10, 1950, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 9:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE H. G. Moore (Degree or title) M.D.	23b. ADDRESS 917-5018th	23c. DATE SIGNED 1-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-50	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. JAN 16 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 3301 Lafayette	

2009

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

X

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..... *L R Cooper*

Licensed Embalmer No. *3653*

P. O. Address *2301 Lafayette*

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. . .