

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4478

FILED FEB 27 1950

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 3000		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINN CREEK		6150	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'REILLY VA HOSPITAL				d. STREET ADDRESS (If rural, give location) GEN. DEL.			
3. NAME OF DECEASED a. (First) JAMES W. b. (Middle) AKEMAN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 19, 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH OCTOBER 12, 1878	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FAYETTE CO., ILLINOIS	
11. BIRTHPLACE (State or foreign country) FAYETTE CO., ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE MYRTLE AKEMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAMMER, WAR		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS, VAH, SPRINGFIELD, MO.			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia, bilateral				DUE TO (b) Cerebro-vascular accident			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) Arteriosclerosis, marked, generalized			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Aneurysm, left ventricle.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		331X	
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) (Min.)		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 Feb. 14, 1950, to Feb. 19, 1950, and that I was the attending physician and that death occurred at 6:00 a.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) PAUL BRITSELE, M.D., Services				23b. ADDRESS VAH, SPRINGFIELD, MO.		23c. DATE SIGNED 2-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-20-50		24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Linn, Illinois	
DATE REC'D BY LOCAL REG. 2-20-50		REGISTRAR'S SIGNATURE W E Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Schupf, Springfield, Mo.			

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

MAR 10 1950

**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.

Signed \_\_\_\_\_

*Harry Lyne*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4594*

P. O. Address *Springfield, 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.