

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39408

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2556</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Clayton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jefferson County</u>	
c. LENGTH OF STAY (In this place township) <u>3 DAYS</u>		c. CITY OR TOWN <u>Pacific Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Golden</u>		b. (Middle)		c. (Last) <u>Akers</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>11-4-54</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-22-15</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		<u>39</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plaster's laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Otis Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bill</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Akers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velma Akers, Pacific Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Intra-cranial Hemorrhage + Brain Damage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Commotio Depressed Skull Fracture</u> DUE TO (c) <u>Auto accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Allenton 400 St Louis 26 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11-1-54 7:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>COLLIDED HEAD-ON WITH (Auto Accident) ANOTHER AUTO</u>			
22. I, hereby certify that I attended the deceased from <u>11-1</u> , 19 <u>54</u> , to <u>11-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>54</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. J. Douberk M.D.</u>				23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>11/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osgery Cemetery, Hannec-1770</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/4/54</u>		REGISTRAR'S SIGNATURE <u>Herbert A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thiebes Funeral Home, Pacific, Mo.</u>			

(Licensed Emballer & Statemont on Reverse Side)

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

No. 300
10. 48

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 *John L. Thebe*.....

Licensed Embalmer No. *300*.....

P. O. Address *Pacific*.....

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.