

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4872 Registrar's No. 134

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

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL) <u>Burlington</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>	c. CITY OR TOWN <u>Burlington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		No. STREET ADDRESS (If rural, give location) _____ 0740	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ACA</u> b. (Middle) <u>(None)</u> c. (Last) <u>AKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1957</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 12, 1984</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 14 YEARS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHARINGA IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>WILLIAM AKIN</u>		13b. MOTHER'S MAIDEN NAME <u>HANNER WALLACE</u>	
14. NAME OF HUSBAND OR WIFE <u>BLANCHE GATES</u>		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. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					

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* <u>Cardiac arrhythmia of premature</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>				3	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)			
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?			

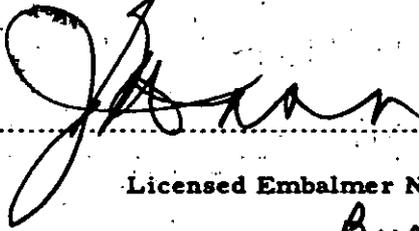
22. I hereby certify that I attended the deceased from Jan 29, 1954, to May 8, 1957, that I last saw the deceased alive on April 30, 1957, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. F. Zylant M.D.</u> (Name or title)			23b. ADDRESS <u>Burlington, Mo</u>			23c. DATE SIGNED <u>5/15/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 12, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAMAR CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ELMO MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-25-57</u>		REGISTRAR'S SIGNATURE <u>Bess Bolt</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Burl. J. M.</u>			

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


Licensed Embalmer No. 296

P. O. Address Burl jk

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.