

FILED AUG 6 1957

Registration District No. **360** Primary Registration District No. **3076** Registrar's No. **138**

300)  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nevada</b>		Inside Limits 108 2 Year <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada City Hosp.</b>			Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>605 E. Allison St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Rhodes</b> Middle <b>Blackburn</b> Last <b>Akers</b>			4. DATE OF DEATH Month <b>July</b> Day <b>19</b> Year <b>1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 8, 1899</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and state or country) <b>Nevada, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Joe B. Akers</b>			14. MOTHER'S MAIDEN NAME <b>Minnie McCray</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702014-7359</b>		17. INFORMANT Address <b>Frances Akers, 605 E. Allison</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Anoxia</b> DUE TO (c) <b>Chronic Bronchiectasis, progressive</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>1 week</b> <b>25 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Duodenal ulcer. Rheumatoid Arthritis, generalized.</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 23, 1939</b> to <b>July 19, 1957</b> and last saw <del>him</del> <sup>her</sup> alive on <b>July 18, 1957</b> Death occurred at <b>Nevada, Mo. 12:55A</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. B. Gray, M.D.</b>			22b. ADDRESS <b>Moore Bldg., Nevada, Mo.</b>		22c. DATE SIGNED <b>July 20, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-19-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ferry Funeral Home, Nevada, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-29-1957</b>		26. REGISTRAR'S SIGNATURE <b>Arma E. Ferry</b>	

AUG 7 1957

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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 *L. Douglas Ferry*

Licensed Embalmer No. *49*

P. O. Address *Nevada*

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.