

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005326  
STATE FILE NUMBER 953

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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-57 4

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HYDE PARK N.H.		Length of stay, in 1b 50 days		d. STREET ADDRESS 3913 SPRINGFIELD	
3. NAME OF DECEASED (Type or print) First Middle Last MAY ELIZABETH AKER			4. DATE OF DEATH Month Day Year 2 21 58		
5. SEX FE	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <del>WIDOWED</del> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-27-1882		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) SMITHVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CONRAD AUB		13b. MOTHER'S MAIDEN NAME ELIZABETH POWELL		14. NAME OF HUSBAND OR WIFE CARL AKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. FRANCES McINTYRE		Address 3920 800th K.C. KANS.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, extensive					INTERVAL BETWEEN ONSET AND DEATH 1 Yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Arteriosclerosis, advanced.					2-3 Yrs.
DUE TO (c)					232+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1.) Acute pyonephritis 2.) Bronchopneumonia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> 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 Jan 8, 1958 to 21 Feb. '58' and last saw <sup>(her)</sup> alive on 21 Feb. 1958 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Philip G. Kaul MD			22b. ADDRESS 411 Nichols Rd.		22c. DATE SIGNED 22 Feb '58'
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-24-58	23c. NAME OF CEMETERY OR CREMATORY DEARBORN CEM.		23d. LOCATION (City, town, or county) DEARBORN, Mo.	(State)
24. FUNERAL DIRECTOR GATES FUNERAL HOME		ADDRESS K.E. KANS.	25. DATE RECD. BY LOCAL REG. 2-22-58	26. REGISTRAR'S SIGNATURE New Marshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Philip G. Kaul



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 *Murray Wilson*

Licensed Embalmer No. *4989*

P. O. Address *Shawnee, Ks*

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.