

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025309

STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3526

3.000  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fairway</b> <i>§1508</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Length of stay in lb <b>4 days</b>	d. STREET ADDRESS (If outside, give location) <b>6030 Cherokee Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MR</b> Middle <b>ELLIS</b> Last <b>W. AKIN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>20</b> Year <b>1958</b>		
5. SEX <b>D</b> <b>Male</b>	6. COLOR OR RACE <b>White</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>July 18, 1922</b>	9. AGE (In years last birthday) <b>36</b>	10. UNDER 1 YEAR Months <b>3</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President, Akin Engineering Company</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pueblo, Colorado</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Richard W. Akin</b>		13b. MOTHER'S MAIDEN NAME <b>Gladys Drickhammer</b>		14. NAME OF HUSBAND OR WIFE <b>Esther L. Akin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W. W. # 2</b>		16. SOCIAL SECURITY NO. <b>524-12-4412</b>	17. INFORMANT Address <b>Mrs. Esther L. Akin 6030 Cherokee Dr.</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 MYOCARDIAL INFARCTION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY THROMBOSIS</b>					<b>10 da</b>
DUE TO (c) <b>STRAIN OF ACCIDENT OF OVERTURNED BOAT</b>					<b>10 da</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2800x</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input checked="" 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.) <b>BOAT OVERTURNED IN SNAKE RIVER IN WYOMING ON 10 July 1958, EXTREME EXERTION IN RESCUE of himself &amp; 2 SONS.</b>			
20c. TIME OF INJURY Hour <b>July 10, 58</b> a.m. p.m.					
20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>RIVER</b>		20f. CITY, TOWN, OR LOCATION <b>moose, Peton, Wyoming</b> COUNTY STATE	
21. I attended the deceased from <b>16 July 1958</b> to <b>20 July 1958</b> and last saw her/him alive on <b>19 July 1958</b> Death occurred at <b>3:55</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>M. J. Berry MD</b> (Degree or title)			22b. ADDRESS <b>315 NICHOLS ROAD KANSAS CITY 13 MISSOURI</b>		22c. DATE SIGNED <b>21 Jul 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 22, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co., K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-21-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. G. Berry

Secretary, coroners, etc., must wear only standard nomenclature with "IC." No symptoms will be listed. All diseases in Part I must be causally related.

NOV 3 1958

1958

~~NOV 3 1958~~



1130 - ace p.m.  
W. H. K. K. K.

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 *J. S. Walton* .....

Licensed Embalmer No. *2744* .....

P. O. Address *25 E. 7th* .....

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.