

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20687

State File No.

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

300
46

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u>)		c. LENGTH OF STAY (in this place) township) <u>6 MOB.</u>	c. CITY OR TOWN <u>Columbia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>408 Circus Street</u>		<u>0105</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Cynthia</u> c. (Last) <u>Akeman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 3, 1873</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Thurston</u>	
13b. MOTHER'S MAIDEN NAME <u>Cynthia Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Robert B. Akeman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James C. Akeman</u>		ADDRESS <u>Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hepatic insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>carcinoma & asystole</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>5810x</u>	
20. AUTOPSY? YES <input checked="" 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 <u>Aug 27, 1952</u> to <u>7-5-53</u> , that I last saw the deceased alive on <u>7-5-53</u> , and that death occurred at <u>3:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Atkins, M.D.</u>		23b. ADDRESS <u>510 Achery Columbia Mo.</u>	
23c. DATE SIGNED <u>7.8.53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 8 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home</u>		ADDRESS <u>Columbia, Mo.</u>	

NOV 10 1953

OCT 6 1953

NOV 9 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~only~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Spunk*

Licensed Embalmer No. *40*

P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.