

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19260

State File No.

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 442	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY OR TOWN Lexington		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Lexington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth's Hospital				STREET ADDRESS (If rural, give location) 2037. 24th. 0540			
3. NAME OF DECEASED a. (First) SALLIE b. (Middle) CATHERINE c. (Last) AKERS				4. DATE OF DEATH (Month) (Day) (Year) May 7 1955			
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH April 21, 1870	
9. AGE (in years last birthday) 85		10. UNDER 1 MONTHS		11. UNDER 1 YEAR		12. IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Brunswick Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sandy Bruce		13b. MOTHER'S MAIDEN NAME Eliza Bruce		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Alfreda Hancock		ADDRESS Lexington Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to 5/8/55, 19____, that I last saw the deceased alive on 5/8/55, 19____, and that death occurred at 1:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Ben H. Bruce, M.D. (Degree or title)				23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 5/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 55		24c. NAME OF CEMETERY OR CREMATORY Stemple Cemetery		24d. LOCATION (City, town, or county) (State) Norborne Mo.	
DATE REC'D BY LOCAL REG. 6-1-55		REGISTRAR'S SIGNATURE Wm. E. Eastbrook		25. FUNERAL DIRECTOR'S SIGNATURE Harry R. Green		ADDRESS Lexington Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1956

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.....

George D. Ben
Licensed Embalmer No. 447

P. O. Address.....

Massachusetts

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.