

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20677

STATE FILE NUMBER

FILED JUL 15 1957

38435-57

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

542-B

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Length of stay in lb Minutes | |
| 3. NAME OF DECEASED (Type or print) First TERESA Middle KAY Last AKERS | | 4. DATE OF DEATH Month June Day 11 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 11, 1957 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Springfield, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Ralph Joseph Akers | | 13b. MOTHER'S MAIDEN NAME Audrey Glendonea Ford | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 17. INFORMANT (Birth Certificate) Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Pulmonary Atelectasis | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs 15 min | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 7620 DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 3:45 Month June Day 11 Year 1957 a.m. pm | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <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 Springfield, Missouri | | COUNTY Greene STATE Missouri | |
| 21. I attended the deceased from June 11, 1957 to June 11 and last saw her alive on June 11, 1957 Death occurred at 3:45 pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE H. J. Akers (Degree or title) MD | | 22b. ADDRESS 609 Cherry Springfield, Missouri | |
| 22c. DATE SIGNED 7-5-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE June 11, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY St. John's Hospital | | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| 24. FUNERAL DIRECTOR St. John's Hospital, Springfield, Mo | | 25. DATE RECD. BY LOCAL REG. 7-8-57 | |
| 26. REGISTRAR'S SIGNATURE Edith Williamson | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no related. All diseases in Part I must be causally related.

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 _____

NAME OF DECEASED _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Not embalmed