

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022547
State File No.

FILED JUN 26 1958

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>20</u>					
1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Macon</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> c. CITY OR TOWN <u>Kansas City</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>8150 1247 Allen</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>EDNA</u> c. (Last) <u>AKERS</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>11</u> (Year) <u>1958</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. 23, 1894</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>					
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>		13a. FATHER'S NAME <u>Frank Ingram</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Peer</u>					
14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillian Braswell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-01-6721</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Lillian Braswell 1247 Allen Kansas City, Mo.</u>					
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular</u> DUE TO (c) <u>Renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION <u>4201</u>				20. AUTOPSY? <u>2</u> 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)		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>June 10, 1958</u>, to <u>June 11, 1958</u>, that I last saw the deceased alive on <u>June 11, 1958</u>, and that death occurred at <u>2:40 p.m.</u>, from the causes and on the date stated above.											
23a. SIGNATURE <u>James E. Campbell M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>				23c. DATE SIGNED <u>6/14/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/12/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R. Lester Brown Macon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/12/58</u>		REGISTRAR'S SIGNATURE <u>V. McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R. Lester Brown Macon, Mo.</u>							

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

County 6.58.76
Date Filed 6.25.58

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.....
E. Burkett

Licensed Embalmer No. 329

P. O. Address *Macon*

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.