

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000788
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 31

300
-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Holcomb</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR D. C. Memorial Hospital		Length of stay in 1b <u>9 days</u>	d. STREET ADDRESS (If outside, give location) <u>Rte. 1</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>INIS</u> Middle <u>LOUISE</u> Last <u>AKRIDGE</u>	4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 22, 1926</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>5</u>
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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	11. BIRTHPLACE (City and state or country) <u>Clarkton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elbert Lacy</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Willard D. Akridge</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-30-6921</u>	17. INFORMANT <u>Willard D. Akridge, Holcomb, Mo. Rte. 1</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ca of cervix</u> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>171X</u>		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 COUNTY _____ STATE _____
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21. I attended the deceased from <u>Nov 58</u> to <u>15 Jan 59</u> and last saw her alive on <u>15 Jan 59</u> Death occurred at <u>7:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u> (Degree or title)	22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>5 Feb 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. Rte. 1</u>
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24. FUNERAL DIRECTOR <u>Landess Funeral Home, Campbell, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Feb 7-1959</u>	26. REGISTRAR'S SIGNATURE <u>Earl Huskman</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEPARTMENT
COUNTY FILE NUMBER 959-45

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 *Christine M. Lander*

Licensed Embalmer No. 4227
P. O. Address *Campbell, M*

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.