

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029744

FILED VS AUG 27 1959 *you*

3041 137

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Macon</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Macon</i>		a. STATE <i>Mo.</i>		b. COUNTY <i>Macon</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>503 Broadway</i>		Length of stay in 1b <i>1/2 yrs.</i>		c. CITY OR TOWN <i>Macon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Addie</i>		First Middle Last <i>Addie Ahlborn</i>		4. DATE OF DEATH <i>Aug. 14, 1959</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/18/1884</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-No-</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City, Kas.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Hiram Akers.</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT Address <i>George Ahlborn Macon, Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i>	
IMMEDIATE CAUSE (a) <i>toxemia</i>							
DUE TO (b) <i>metastatic carcinoma of pelvis</i>						<i>unknown</i>	
DUE TO (c) <i>cervical stump</i>						<i>7 yr</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ileo segment</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from <i>8-27-56</i> to <i>8-14-59</i> and last saw ^{her} _{him} alive on <i>8-14-59</i> Death occurred at <i>8:00</i> <i>P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>G. L. Durdson D.O.</i>				22b. ADDRESS <i>Macon, Missouri</i>		22c. DATE SIGNED <i>8/17/59</i>	
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug. 16, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive, Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Macon County, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Lester Hutton Macon, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>8/18/59</i>		26. REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon

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