

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041289

FILED VS. NOV 23 1959 278

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

138

ENDED

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) Eolia		Length of stay in 1b Life		c. CITY OR TOWN Eolia		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS None		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Cecil Middle Lonzo Last Akers				4. DATE OF DEATH Month November Day 13 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/6/1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐		IF UNDER 24 HR Hours ☐ Min. ☐
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Clarksville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charlie Henry Akers			13b. MOTHER'S MAIDEN NAME Neta Mae Williams		14. NAME OF HUSBAND OR WIFE Pansy Akers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. 484-10-4094		17. INFORMANT Address Mrs. Pansy Akers, Eolia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure						INTERVAL BETWEEN ONSET AND DEATH 6 months.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary emphysema and pulmonary hypertension DUE TO (c) _____						4 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐			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 6-23-58 , to 9-30-59 and last saw her alive on 9-30-59 Death occurred at 8:32A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. E. Sultzman M.D.			22b. ADDRESS 115 N. 5th St. Hannibal, Mo.			22c. DATE SIGNED 11-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery		23d. LOCATION (City, town, or county) (State) Eolia, Missouri		
24. FUNERAL DIRECTOR Collier Funeral Service, Eolia, Mo			25. DATE RECD. BY LOCAL REG. 11-17-59		26. REGISTRAR'S SIGNATURE Bernice Culbert		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB. 25 1960

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

Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.