

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-005793

NDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 217A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in lb <u>5 days</u>		c. CITY OR TOWN <u>Brighton</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>B.</u> Last <u>Akins</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>6/10/1911</u>	
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>18</u> Days <u>18</u>		IF UNDER 24 HR Hours <u>18</u> Min. <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Fargo, Okla</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Troy Ridings</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Bennett</u>	
14. NAME OF HUSBAND OR WIFE <u>Loy L. Akins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (pp. or unknown)) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Burge Hosp</u>	
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>Pulmonary Thrombi</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Rheumatic Heart Disease with Mitral</u> DUE TO (c) <u>Stenosis, aortic stenosis & mural thrombi left atrium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>30 years</u>		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 <u>9:45 A.</u> Month, Day, Year <u>Feb 14, 1960</u>		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 <u>Brighton, Mo</u>	
21. I attended the deceased from <u>Feb 14, 1960</u> to <u>Feb 19, 1960</u> and last saw him alive on <u>Feb 19, 1960</u>		21. I attended the deceased from <u>Feb 14, 1960</u> to <u>Feb 19, 1960</u> and last saw her alive on <u>Feb 19, 1960</u>		21. I attended the deceased from <u>Feb 14, 1960</u> to <u>Feb 19, 1960</u> and last saw him alive on <u>Feb 19, 1960</u>		21. I attended the deceased from <u>Feb 14, 1960</u> to <u>Feb 19, 1960</u> and last saw her alive on <u>Feb 19, 1960</u>	
21. Death occurred at <u>9:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Leil K. Akins</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>404 PROF. BLDG, SPRINGFIELD, MO</u>		22c. DATE SIGNED <u>2-29-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/22/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Brighton, Mo</u>	
24. FUNERAL DIRECTOR <u>Paul D. Butler</u>		24. ADDRESS <u>Bolivar, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Offie S. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Bill M. Abbott, Student Embalmer No. PERMIT # 3

working under my personal supervision.

Student

Bill M. Abbott
Signature of Student Embalmer

Signed

Gene C. Hunt

Licensed Embalmer No.

4739

P. O. Address

Springfield

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.