

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1960

=60-022231

DED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 86 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Laurie</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Monett</u>		c. CITY OR TOWN <u>Mt Vernon</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Vincent Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>312 W. Water St</u>	

3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Lee</u> Last <u>AKINS</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>June 20 1960</u>	9. AGE (last birth day) Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min. <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Infant</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mt Vernon, Mo.</u>		

11. BIRTHPLACE (City and state or country) <u>Mt Vernon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Howard Lee Akins</u>		13b. MOTHER'S MAIDEN NAME <u>Sharon Kay Garner</u>	
14. NAME OF HUSBAND OR WIFE <u>Sharon Kay Akins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	

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>Cardiac De compensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congenital Cor - type 3</u>		<u>Birth</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)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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 PM</u> Month <u>6/22/60</u> Day <u>6/22/60</u> Year <u>6/22/60</u> a.m. p.m.			

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>Monett Mo</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>9 PM 6/22/60</u> to <u>6/22/60</u> and last saw him alive on <u>6/22/60</u> Death occurred at <u>1:00 A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Deceased or title) <u>Rosella S. Cohabery MD</u>		22b. ADDRESS <u>215 4th Monett Mo</u>		22c. DATE SIGNED <u>6/22/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Monett Mo.</u>	(State)
24. FUNERAL DIRECTOR <u>Max L. Fossitt</u>		25. DATE RECD BY LOCAL REG. <u>Mo. 6-23-60</u>	26. REGISTRAR'S SIGNATURE <u>Max P. H. Cook</u>	

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

Max L. Fossitt

Licensed Embalmer No. 4252

P. O. Address M. Vernon

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.