

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031600

FILED VS SEP 7 1960

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOWLING GREEN</u>		c. CITY OR TOWN <u>BOWLING GREEN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>16 E COLLEGE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROZENA ANN AKERS</u>		4. DATE OF DEATH Month Day Year <u>SEPT. 2, 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE - WIFE</u>		11. BIRTHPLACE (City and state or country) <u>CABOOL, MO.</u>	
13a. FATHER'S NAME <u>JOSEPH VOILMAR</u>		14. NAME OF HUSBAND OR WIFE <u>CLUSTER AKERS</u>	
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>489-14-7520</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>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 1/2 HRS</u> <u>yo</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. <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 <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.)	
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 <u>TIME</u> to <u>TIME</u> and last saw her alive on <u>about Aug 1 to 10 P.M.</u> Death occurred at <u>10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.M. McArthur W.D.</u>		22b. ADDRESS <u>Bowling Green Mo</u>	
22c. DATE SIGNED <u>9-3-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN</u>	
24. FUNERAL DIRECTOR <u>BANKHEAD FUNERAL CHAPEL</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 3, 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Maidea B. Williams</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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kins

Licensed Embalmer No. 4597

P. O. Address Bowling

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.