

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-023902

STATE FILE NUMBER

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 145

FILED JUL 18 1961

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Mexico

Length of stay in 1b

20 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Audrain Co. Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Boone

c. CITY OR TOWN

Sturgeon

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Brown Lee Akeman

## 4. DATE OF DEATH

Month

Day

Year

July 6 - 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Feb. 2 - 1885

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

3 4

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Boone Co. Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Newton Akeman

## 13b. MOTHER'S MIDDLE NAME

Filla Watson

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No None

## 16. SOCIAL SECURITY NO.

490-44-2218

## 17. INFORMANT

Erie Lee Beedlow

## Address

Hallsdale, 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)

Acute pulmonary embolism

Duration

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Trans Urethral resection July 3, 1961

## DUE TO (c)

Prostatic hyperplasia

Duration

unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease Duration - unknown

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. 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 June 18, 1961, to July 6, 1961 and last saw him alive on July 6, 1961

Death occurred at July 6, 1961 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L. Lachance, M.D. L. Lachance MD

## 22b. ADDRESS

110 W. Sneed, Centralia, Mo.

## 22c. DATE SIGNED

7-7-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7/9/1961

## 23c. NAME OF CEMETERY OR CREMATORY

Centralia Cemetery

## 23d. LOCATION (City, town, or county)

Centralia, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Paul J. Ballou, Centralia, Mo.

## 25. DATE RECD. BY LOCAL REG.

July 8 - 1961

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1961

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 Paul J. Ballou--

Licensed Embalmer No. 4206

P. O. Address Centerville, Mo

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.