

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033494

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 73

FILED OCT 3 1961

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highland</u>		c. CITY OR TOWN <u>LEWISTOWN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>21 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>CLARENCE</u> <u>AKERS</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>27</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WH</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 12 - 1885 - 76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	
11. BIRTHPLACE (City and state, or country) <u>Handcock Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>JOHN AKERS</u>		13b. MOTHER'S MAIDEN NAME <u>Mary wear</u>	
14. NAME OF HUSBAND OR WIFE <u>Metta L 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>486-38-5674</u>		17. INFORMANT <u>Mrs Metta L. Akers. Lewistown, Mo.</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>Gunsnot wound self inflicted</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Dependence</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Suicide</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot self in forehead</u>
20c. TIME OF INJURY Hour <u>6:30 A</u> a.m. Month, Day, Year <u>9-27-1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>at home</u>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20f. CITY, TOWN, OR LOCATION <u>Polong, Lewis Co. Mo.</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20g. COUNTY <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20h. STATE <u>Mo.</u>

22a. SIGNATURE <u>Carl H. Barkley, Coroner</u>		22b. ADDRESS <u>Canton, Mo.</u>		22c. DATE SIGNED <u>9-27-1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Sept 29 - 1961</u>	23b. DATE <u>Sept 29 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Mo</u>	23d. LOCATION (City, town, or county) <u>W. Palmyra Mo.</u>	(State)
24. FUNERAL DIRECTOR <u>Thomas Ball</u>	ADDRESS <u>Ewing Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. M. Cusbell

Licensed Embalmer No. 4905

P. O. Address Ewing 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.