

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-016310

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 25 1962**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		Length of stay in 1b <b>29 DAYS</b>	c. CITY OR TOWN <b>ELSBERRY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>210 N. SIXTH ST.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>BIRDIE</b> Middle <b>LOUIS</b> Last <b>AKERS</b>			4. DATE OF DEATH Month <b>APR.</b> Day <b>15,</b> Year <b>1962</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/30/93</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____
					IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>LINCOLN Co. MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>REUBEN L. BERRY</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE PATTON</b>		14. NAME OF HUSBAND OR WIFE <b>WALTER P. AKERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>HUSBAND</b>	Address <b>ELSBERRY, Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary artery occlusion</b>		<b>24 hrs</b>
DUE TO (b) <b>Arteriosclerotic cardio-vascular disease</b>		<b>5 yrs+</b>
DUE TO (c) <b>Hypothyroidism and Iron deficiency anemia</b>		<b>5 yrs.</b>

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.	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 1954 to 4/15/62 and last saw her <sup>her</sup> <sub>him</sub> alive on 4/15/62  
Death occurred at 1:07 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Chas. H. Levell M.D.</i>	22b. ADDRESS <b>Louisiana, Missouri</b>	22c. DATE SIGNED <b>4/16/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-18-62</b>	23c. NAME OF CEMETERY <b>CITY</b>	23d. LOCATION (City, town, or county) (State) <b>ELSBERRY, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>O. C. RICKS</b>	ADDRESS <b>ELSBERRY, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 19/1962</b>	26. REGISTRAR'S SIGNATURE <i>Bernice Pollier</i>
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(Licensed Embalmers' Statement on Reverse Side)

VS 300 Rev. 4/59  
 1 0822  
 2 0574  
 3  
 4 1  
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 7 0  
 8 2  
 9 420.1  
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 12 1-0  
 13 2-0  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 USE BLACK INK OR TYPEWRITER RIBBON

MAY 8 1962

**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 *O. G. Gault*

Licensed Embalmer No. 4012

P. O. Address: Elshury, 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.