

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019586
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 195

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0648

2 8120

3

4 0

5 1

6

7 1

8 0

9 9163X

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 8 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		a. STATE Ill b. COUNTY Pike	
Length of stay in 1b 2 wks		c. CITY OR TOWN Hull		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Angues Middle Estell Last Akright		Month May Day 26 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 10, 99	9. AGE (last birthday) (62)	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Brown County, Ill.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles E. Akright		13b. MOTHER'S MAIDEN NAME Henrietta Myers		14. NAME OF HUSBAND OR WIFE Hazel Akright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Hazel Akright - Hull, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line)		PART I. DEATH WAS CAUSED BY: Emaciation due to metastatic carcinoma generalized		INTERVAL BETWEEN ONSET AND DEATH 6 months	
IMMEDIATE CAUSE (a) carcinoma generalized		DUE TO (b) Carcinoma left lung		3 years.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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.	
				<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 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 checked="" 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 May 13, 1962 to May 26, 1962 and last saw ^{him} her alive on May 28, 1962		Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 707 Broadway, Hannibal, Mo.		22c. DATE SIGNED 5-28-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 29, 1962	23c. NAME OF CEMETERY OR CREMATORY Akers Chapel Cemetery		23d. LOCATION (City, town, or county) Hull, Ill. (State)	
24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. June 1, 1962		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 29 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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.

Permit received 5/28/62