

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000119

FILED JAN 24 1963

Registration District No. 13

Primary Registration District No. 4016

Registrar's No. 8

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) PURDY		Length of stay in 1b 21 yrs.		c. CITY OR TOWN PURDY		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 INA CORDELIA AKIN				4. DATE OF DEATH Month Day Year Jan. 20 1963			
5. SEX F	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/6/85	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Galena, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME G.B. Hancock		13b. MOTHER'S MAIDEN NAME Nancy Burris		14. NAME OF HUSBAND OR WIFE W.F. Akin			
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. 486-30-3400		17. INFORMANT W.F. Akin, Purdy, 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) Coronary Heart Failure (Bleed) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Unknown DUE TO (b) Unknown DUE TO (c) Unknown				INTERVAL BETWEEN ONSET AND DEATH 24 years			
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. ☐ Yes ☐ No ☐ Unknown			
19. 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. 4:15 p.m.	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.) 4123/15		20f. CITY, TOWN, OR LOCATION 1201/3		COUNTY Barry		STATE Mo.	
21. I attended the deceased from 4/23/15 to 12/20/63 and last saw her alive on 1/18/63 . Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lee S. Lane		(Degree or title)		22b. ADDRESS Purdy, Mo.		22c. DATE SIGNED 1/2/65	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/23/63		23c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery		23d. LOCATION (City, town, or county) Purdy, Missouri	
24. FUNERAL DIRECTOR D.E. Williamson, Cassville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-23-63		26. REGISTRAR'S SIGNATURE Thos P.H. Cook	

USE BLACK INK
OR
TYPEWRITER RIBBON

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

W. E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.