MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015274
STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 5241 Registrar's No.

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0200		
2	0200		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4221		
10			
11			
12	90-0		
13	2-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 14 1963

1. PLACE OF DEATH
a. COUNTY: Cedar County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fair Play
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: Fair Play, Mo. Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Laura Middle: Last: Akins

4. DATE OF DEATH: Month: April Day: 24 Year: 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-6-1871

9. AGE (last birthday): 91
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): house wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Fair Play, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John M. Tindle

13b. MOTHER'S MAIDEN NAME: Margrett F. Wright

14. NAME OF HUSBAND OR WIFE: Wes. Akins (deceased

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.: none

17. INFORMANT Address: Mrs Joe Fidler, Fair Play, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Cardia-Vascular disease yrs & dark
Conditions, if any, which gave rise to above cause (a), stating the underlying cause: last.
DUE TO (b): with circulatory failure
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. 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 10.30.59 to and last saw her alive on 4 24 63
Death occurred at 4.24.63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W D Rutter MD
22b. ADDRESS: Stockton Mo
22c. DATE SIGNED: 5-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-28-1963
23c. NAME OF CEMETERY OR CREMATORY: Shady Grove
23d. LOCATION (City, town, or county) (State): Fair Play, Mo.

24. FUNERAL DIRECTOR ADDRESS: Barker-Butler, Fair Play, Mo.
25. DATE RECD. BY LOCAL REG.: MAY 13 1963
26. REGISTRAR'S SIGNATURE: Mrs Geneva Cantlon

(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 _____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.