

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66-63-021079

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 66

FILED MAY 21 1963

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)

Fort Leonard Wood

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pulaski

c. CITY

Waynesville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

US Army Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Bell Haven Trailer Court

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Teddie

Middle

Carl

Last

Akers

4. DATE OF DEATH

Month

May

Day

10

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9 May 63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N/A

10b. KIND OF BUSINESS OR INDUSTRY

N/A

11. BIRTHPLACE (City and state or country)

Ft Leonard Wood, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Freddie G. Akers

13b. MOTHER'S MAIDEN NAME

Betty Carol Stanley

14. NAME OF HUSBAND OR WIFE

N/A

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.

N/A

17. INFORMANT

Address Bell Haven Mo.

Freddie G. Akers Trailer Ct, Waynesville.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

34 hours

DUE TO (b)

Congenital oomphalocele

DUE TO (c)

Prematurity

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 9 May 1963 to 10 May 1963 and last saw him live on 10 May 1963

Death occurred at USAH, Ft Leonard Wood 4:10pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Warren S. P. Henderson, Lt Col, MC

22b. ADDRESS

US Army Hospital Fort Leonard Wood, Missouri

22c. DATE SIGNED

11 May 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/13/63

23c. NAME OF CEMETERY OR CREMATORY

Post Cemetery

23d. LOCATION (City, town, or county)

Ft Leonard Wood Mo

24. FUNERAL DIRECTOR

ADDRESS

MOSS-Williams Waynesville, Mo

25. DATE RECD. BY LOCAL REG.

5-16-63

26. REGISTRAR'S SIGNATURE

Charles J. Anderson

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 _____

Clarence Inose

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.