

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046698

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 4491 Registrar's No. 267

FILED NOV 18 1963

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD #1 Bertrand		c. CITY OR TOWN RFD #1 Bertrand	
Length of stay in 1b 83 Years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #1 Bertrand		d. STREET ADDRESS (If outside, give location) RFD #1 Bertrand	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Isabelle Akers		4. DATE OF DEATH Month Day Year 11/10/63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/1866 97
9. AGE (last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
11. BIRTHPLACE (City and state or country) Diehlstadt, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Ware		13b. MOTHER'S MAIDEN NAME Thomas Akers (Dec'd)	
14. NAME OF HUSBAND OR WIFE Thomas Akers (Dec'd)		Address	
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. Mrs. Allie Smith, Bertrand, Mo.	
17. INFORMANT Mrs. Allie Smith, Bertrand, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) Senility DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Diehlstadt, Mo.		COUNTY STATE	
21. I attended the deceased from 1950 to 1963 and last saw her alive on Nov 10 - 1963 Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. C. Presnell MD	
22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED 11-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/12/63	
23c. NAME OF CEMETERY OR CREMATORY Maynard Cemetery		23d. LOCATION (City, town, or county) Diehlstadt, Mo.	
24. FUNERAL DIRECTOR The Nunheles Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG. Nov 15 1963	
26. REGISTRAR'S SIGNATURE J. W. Waldman			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59
1/1000
2/1000
3
4 1
5 2
6
7 0
8 0
9 4500
10
11
12 90.0
13 20

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

John F. Munnell Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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 issued Jan 10 - 63