

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031631

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 211

**FILED SEP 13 1965**

VS 300  
Rev. 4/59

10425  
20425

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4 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>Clinton, Missouri</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>109 Ulrich Road</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Elizabeth</u> Last <u>Akers</u>			4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1965</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 25, 1874</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>91</u>
13a. FATHER'S NAME <u>Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Brain Syndrome - Accident</u>		17. INFORMANT <u>Lillie M. Akers</u> Address <u>109 Ulrich Road</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition</u>		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"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>8-20-65</u> to <u>9-9-65</u> and last saw <sup>her</sup> alive on <u>9-9-65</u> Death occurred at <u>9:49 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. B. Bradshaw, M.D.</u> (Degree) or title		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>9-10-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 11, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>NORRIS, Missouri</u>
24. FUNERAL DIRECTOR <u>Schaberg-Nichols</u> ADDRESS <u>Clinton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigins</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

*A Powell*  
*or*  
*By Breckelen*

*Permit Obtained 9-10-68 [Signature]*

**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 *R.E. Nichol*

Licensed Embalmer No. *777*

P. O. Address *K.E. No.*

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.