

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028685  
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kennett</b> 0352 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Res</b>		Length of stay in lb <b>50yrs</b>	d. STREET ADDRESS (If outside, give location) <b>500 Hopper</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>P</b> Middle <b>A</b> Last <b>Akers</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>15,</b> Year <b>1958</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Month unknown 89</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agri</b>	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Akers</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Fausce</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Akers</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Paul Akers</b> Address <b>Kennett, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia Tumor</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Age &amp; sanitation</b>	
	DUE TO (c) <b>490X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <b>1:00</b> Month, Day, Year <b>Aug 15 1958</b> a.m. <b>0</b> p.m. <b>0</b>	

20d. INJURY OCCURRED WHILE AT <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 <b>Kennett</b>	COUNTY <b>Dunklin</b>	STATE <b>Mo</b>
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21. I attended the deceased from **March 1 1958** to **Aug 15 58** and last saw him alive on **Aug 15 1958**  
Death occurred at **Aug 15 1958** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Paul Baldwin</b> (Degree or title)	22b. ADDRESS <b>Kennett Mo</b>	22c. DATE SIGNED <b>8-16-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-18-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Tennett, Mo</b>
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24. FUNERAL DIRECTOR <b>McDaniel</b>	ADDRESS <b>Kennett, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>8-18-1958</b>	REGISTRAR'S SIGNATURE <b>Paul Baldwin</b>
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Health, & Welfare Public Service 3.52 3001 1-57  
 All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

SEP 25 1958

COUNTY FILE NUMBER 858-201

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 Hubert B. Baine

Licensed Embalmer 16888  
P. O. Address Permett, 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.