

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027501

FILED VS AUG 3 1958 17

Registration District No. 544 Primary Registration District No. 1933 Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Kirkwood, Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jeff			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Missouri		Length of stay in 1b 5HR. 40MIN.	c. CITY OR TOWN IMPERIAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rock Twp R.R.		
3. NAME OF DECEASED (Type or print) First Baby Middle Girl Last Akers			4. DATE OF DEATH Month July Day 18 Year 1959			
5. SEX F	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/18/59	9. AGE (last birthday) Newborn	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Kirkwood Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dallas Akers		13b. MOTHER'S MAIDEN NAME Elizabeth (nee - Hibdon)		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Address DALLAS R. AKERS Imperial Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stomach maturity					INTERVAL BETWEEN ONSET AND DEATH 5 40	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year _____					
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 _____ to _____ and last saw her/him alive on _____. Death occurred at 9:38 p. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deedee or title) Matt W. Sackel, D.D.			22b. ADDRESS 3973 Waterloo		22c. DATE SIGNED 7-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-19-59	23c. NAME OF CEMETERY OR CREMATORY ANTONIA Cem.		23d. LOCATION (City, town, or county) ANTONIA	(State) Mo	
24. FUNERAL DIRECTOR ADDRESS Heiligtag Imperial Mo		25. DATE RECD. BY LOCAL REG. 7-19-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur W. Hilgig

Licensed Embalmer No. _____

P. O. Address Imperial, CA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.