

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13042

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 3031		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson					
b. CITY OR TOWN Webster				c. CITY OR TOWN Webster 0502					
d. FULL NAME OF HOSPITAL OR INSTITUTION 721 S. 3rd St.				d. STREET ADDRESS (If rural, give location) 721 S. 3rd St. 0					
3. NAME OF DECEASED (Type or Print) JOHN				a. (First) b. (Middle) c. (Last) AKTATER		4. DATE OF DEATH (Month) (Day) (Year) APR 3 1951			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH JUNE 7, 1873			
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		11. BIRTHPLACE (State or foreign country) Duke Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Frederick Altvater				13b. MOTHER'S MAIDEN NAME Kuhn		14. NAME OF HUSBAND OR WIFE Anna Altvater			
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. none		17. INFORMANT'S SIGNATURE OR NAME Rose Kach Address 490X			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 da	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 30, 1951, to Apr 3, 1951, that I last saw the deceased alive on Apr 2, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. P. Hughes, D.O.				23b. ADDRESS Se Lato, Mo		23c. DATE SIGNED 4/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr 6 1951		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Webster Mo.			
DATE REC'D BY LOCAL REG. 4/7/51		REGISTRAR'S SIGNATURE Marie Currier		25. FUNERAL DIRECTOR'S SIGNATURE Samuel B. Schuler		ADDRESS 490X			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 4-9-51

APR 12 1951

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
Student Embalmer

Signed

Donnell B. Dietrich

Licensed Embalmer No. 4184

P. O. Address Seeds to 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 this body is not embalmed, fact should be so stated above.