

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 20

1. PLACE OF DEATH  
a. COUNTY Vernon  
b. CITY (If outside corporate limits, write RURAL and give township) Nevada  
c. LENGTH OF STAY at this place diploma  
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Vernon  
c. CITY (If outside corporate limits, write RURAL and give township) Nevada  
d. STREET ADDRESS (If rural, give location) 520 South West Street

3. NAME OF DECEASED  
a. (First) CHARLES b. (Middle) G. c. (Last) WACHTEL  
4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept 6 1890 9. AGE (In years last birthday) 62 Months 4 Days 20 Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Legislator/Manufacturer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Nevada Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jake Wachtel 13b. MOTHER'S MAIDEN NAME Edna Rose Wachtel 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) No 16. SOCIAL SECURITY NO. 492-36-1717 17. INFORMANT'S SIGNATURE OR NAME Edna Rose Wachtel ADDRESS Nevada Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute coronary thrombosis  
INTERVAL BETWEEN ONSET AND DEATH 1 hour  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) coronary insufficiency  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION None. 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan. 26, 1953, to Jan. 26, 1953, that I last saw the deceased alive on Jan. 26, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter B. Gray M.D. (Degree or title) 23b. ADDRESS Moore Building, Nevada, Mo. 23c. DATE SIGNED Jan. 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-28-53 24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 24d. LOCATION (City, town, or county) (State) Nevada Missouri

DATE REC'D BY LOCAL REG. 1-31-53 REGISTRAR'S SIGNATURE Anna E. Ferry 25. FUNERAL DIRECTOR'S SIGNATURE Henry's Funeral Service ADDRESS Nevada

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

082  
0

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.