

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20944

FILED JUN 16 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5782 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural Shawnee</u>		c. CITY OR TOWN <u>Rural Shawnee</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>Attenburg Mo Star Rte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Attenburg Mo Star R</u>		e. STREET ADDRESS (if rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Dorothy</u> c. (Last) <u>Wachter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar 27 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>2 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>New Wells Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Valentine Kiedler</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Kasten</u>	
13c. NAME OF HUSBAND OR WIFE <u>Theo Wachter</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rudy Decht</u>		17. ADDRESS <u>Attenburg Mo</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocarditis Chronic</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Influenza</u>		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.			
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)		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 May 19 1953, to June 2 1953, that I last saw the deceased alive on June 2nd 1953, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Theodore Fischer M.D.</u>		22b. ADDRESS <u>Attenburg, Missouri</u>		22c. DATE SIGNED <u>6-3-53</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 4-5</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran, New Wells Mo</u>	
23d. LOCATION (City, town, or county) (State) <u>New Wells Mo</u>		23e. DATE REC'D BY LOCAL REG. <u>June 4-5-53</u>		23f. REGISTRAR'S SIGNATURE <u>D. S. [Signature]</u>	
23g. FUNERAL DIRECTOR'S SIGNATURE <u>McComb Free Co Jackson</u>		23h. ADDRESS		23i. (Licensed Embalmer's Statement on Reverse Side)	

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

300
48
50

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 _____

BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.