

FILED JUN 29 1954

## STANDARD CERTIFICATE OF DEATH

19612  
State File No.

06100

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon, Hudson twmp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Quincy</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs. 16 days</u>		d. STREET ADDRESS (If rural, give location) <u>1522 1/2 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			
3. NAME OF DECEASED (Type or Print) <u>Kathryn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1954</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Achelpohl</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 8, 1882</u>
9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>6</u>	11. DAYS <u>23</u>	12. HOURS <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Christopher Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Neis</u>	
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'S SIGNATURE OR NAME <u>Elmer H. Miller, brother</u>		ADDRESS <u>Quincy, Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
hemorrhage			
ANTECEDENT CAUSES			
Morbidity conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.)			
DUE TO (b) <u>Thrombotic Encephalomalacia with</u>			<u>5 days</u>
DUE TO (c) <u>Arteriosclerosis and Diabetes Mellitus</u>			<u>4 years</u>
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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 <u>May 15</u> , 19 <u>52</u> , to <u>May 31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 31</u> , 19 <u>52</u> , and that death occurred at <u>5:25 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Anna L. Mauck</u>		23b. ADDRESS <u>Still-Hildreth Sanatorium</u>	
23c. DATE SIGNED <u>May 31, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/31/1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Quincy</u>		24d. LOCATION (City, town, or county) (State) <u>ILL.</u>	
DATE REC'D BY LOCAL REG. <u>6/14/54</u>		REGISTRAR'S SIGNATURE <u>Arthur McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Bram</u>		ADDRESS <u>Macon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1956

RECEIVED 6-22-54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-54-96  
Date Filed 6-24-54

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Macon, 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.