

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31291

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4294</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Silex</u>				c. CITY OR TOWN <u>Silex</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0570</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ada</u>		b. (Middle) <u>LIE</u>		c. (Last) <u>Achor</u>	
4. DATE OF DEATH		a. (Month) <u>Aug.</u>		b. (Day) <u>23</u>		c. (Year) <u>1956</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>May 17 1866</u>	
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>8</u>		11. DAYS <u>6</u>		12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Lincoln Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alford Weeks</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Monroe</u>		14. NAME OF HUSBAND OR WIFE <u>Hooker Achor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Newt. Achor</u> ADDRESS <u>Silex Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 _____				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>Sept. 5, 1955</u> , to <u>Aug 23, 1956</u> , that I last saw the deceased alive on <u>Aug-23 1956</u> , and that death occurred at <u>11A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Penn - M.D.</u> (Degree or title) <u>C</u>				23b. ADDRESS <u>Silex, Mo.</u>		23c. DATE SIGNED <u>Aug. 24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arbourn</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/27/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bankhead Bowling</u>		ADDRESS <u>Union St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Gerald Kiper

Licensed Embalmer No. 459

P. O. Address.....
San Diego

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.