

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12947

State File No.

FILED APR 29 1957

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give town)	c. LENGTH OF STAY (in this place) (township)	c. CITY OR TOWN West Plains, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION X Rural X		e. STREET ADDRESS (If rural, give location) S. Suburbs	

3. NAME OF DECEASED (Type or Print) ELSIE MAY ACHUFF			4. DATE OF DEATH (Month) (Day) (Year) 4-16-57		
a. (First)	b. (Middle)	c. (Last)			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-5-1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and State or Foreign Country) Vinton, Iowa		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Walter Dowler	13b. MOTHER'S MAIDEN NAME Ella N. Emler	14. NAME OF HUSBAND OR WIFE A. A. Achuff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY (If yes, give war or date of service) <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. A. ACHUFF, WEST PLAINS, MO

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		INTERVAL BETWEEN ONSET AND DEATH minutes minutes 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerotic heart disease		
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) 4200
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 4/16, 1957 only, 19 , that I last saw the deceased alive on 4/16, 1957, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE M. L. Fowler MD	(Degree or title)	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 4/18/57
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-19-57	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) West Plains, Mo

DATE REC'D BY LOCAL REG. 4-23-57	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertsons, West Plains, Mo
--	---	--

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

379-0

MAY 14 1957

MS JUN 23 1959

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 *J. S. Roberts*.....

Licensed Embalmer No. *3637*.....

P. O. Address *Bliss, Tenn.*.....

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.