

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014160

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 38

2
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) Charleston		c. CITY OR TOWN Charleston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 Depot St.		d. STREET ADDRESS (If outside, give location) 105 Depot St.	
3. NAME OF DECEASED (Type or print) First Lura Middle May Last Achter		4. DATE OF DEATH Month 4 Day 15 Year 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/29/1893
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Mississippi County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Hughes		13b. MOTHER'S MAIDEN NAME Eunice Crittenden	
14. NAME OF HUSBAND OR WIFE Louis Achter		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. None		17. INFORMANT Mrs. Pauline Hinton, Charleston, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 1 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			?
DUE TO (c) Hypertension			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour 2:15 P Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Charleston, Mo.	
21. I attended the deceased from 2:15 P to 2:15 P and last saw her/him alive on 4/17/59 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Sam E. Demonecourt M.D.	
22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED 4/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/59	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) Charleston, Mo.	
24. FUNERAL DIRECTOR The Nunnelee Funeral Chapel		25. DATE RECD. BY LOCAL REG. 5-1-59	
26. REGISTRAR'S SIGNATURE Sorachy B. Hathorn		27. ADDRESS Charleston, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Color, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed 5-6-59
County File No. _____

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 John F. Munnica Jr.
Licensed Embalmer No. 3857

P. O. Address Charleston

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.