

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047105

FILED VS DEC 16 1960

ENDED

Registration District No. 290 Primary Registration District No. Registrar's No. 157

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen		Length of stay in 1b		c. CITY OR TOWN Waynesville		Inside Limits Yes ☐ No ☒				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural 1 1/2 Mi. North Waynesville			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 1 1/2 Mi North		Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First Jess Middle Joe Last Achen				4. DATE OF DEATH Month December Day 5 Year 1960						
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Aug 26-1919		9. AGE (last birthday) 41		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Commercial		11. BIRTHPLACE (City and state or country) Raftville Missouri		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME George W. Achen			13b. MOTHER'S MAIDEN NAME Bradie May Mayberry			14. NAME OF HUSBAND OR WIFE Grace Luella Achen			Address Waynesville Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Oct 41-Jan 46				16. SOCIAL SECURITY NO. 499-18-7607		17. INFORMANT Grace Luella Achen Rt #1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforation of chest and abdominal cavities DUE TO (b) Gunshot wound DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH instant		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown				
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Wound inflicted by 12 gauge shotgun						
20c. TIME OF INJURY Hour 11:15 a.m. XXX Month, Day, Year 12 5 60		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION Cochran Farm		COUNTY Pulaski STATE Mo		
21. I attended the deceased from _____, to 12-5-60 and last saw him 11:15A on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 11:15A										
22a. SIGNATURE B. Medley (Degree or title) County Coroner.				22b. ADDRESS Richland, Missouri				22c. DATE SIGNED 12/5/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-8-1960		23c. NAME OF CEMETERY OR CREMATORY Ellis Prairie Cemetery		23d. LOCATION (City, town, or county) (State) Success Rural Missouri				
24. FUNERAL DIRECTOR Moss-Williams ADDRESS Waynesville Missouri				25. DATE RECD. BY LOCAL REG. 12-5-60		26. REGISTRAR'S SIGNATURE Paul G. Anderson				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 22 1960

DEC 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence J. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.