MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-036101

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 43

FILED NOV 7 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Caldwell Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kingston
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Berry Rest Home.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN: Kingston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Wm Middle: Frederick Last: Achenbach

4. DATE OF DEATH: Month 10 Day 22 Year 1961

5. SEX: Mal
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5-5-1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Caldwell Co Mo
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Chas. Achenbach
13b. MOTHER'S MAIDEN NAME: Louie Barkley
14. NAME OF HUSBAND OR WIFE: — — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chas C. Achenbach Address: Polo Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Prostate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): and Terminal Nefritis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prostatic cancer

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION: Kingston COUNTY: Caldwell STATE: Mo

21. I attended the deceased from 1957 to 10-22-61 and last saw her/him alive on 10-17-61
Death occurred at 11:30 PM 10-22-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank R. Duley (Degree or title) M.D.
22b. ADDRESS: Hamilton, Mo.
22c. DATE SIGNED: 10-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-24-1961
23c. NAME OF CEMETERY OR CREMATORY: Zimmerman Cemetery
23d. LOCATION (City, town, or county) (State): 1½ Mi. S of Polo Mo

24. FUNERAL DIRECTOR: Alspaugh & Cowley ADDRESS: Polo Mo
25. DATE RECD. BY LOCAL REG.: 10-24-61
26. REGISTRAR'S SIGNATURE: Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

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 Erwin L. Fowler

Licensed Embalmer No. 4924

P. O. Address Polo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.