

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007092

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. 28

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u>		c. CITY OR TOWN <u>St Charles</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Retirement Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Achelpohl</u> Last <u></u>		4. DATE OF DEATH Month <u>February</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/7/18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
13a. FATHER'S NAME <u>Louis Achelpohl</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Meyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Carl Anderson</u>		Address <u>St Charles Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) <u>hypercholesterolemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>10+ yrs.</u> <u>10+ yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Troy, Mo.</u>	
20g. COUNTY <u>Lincoln</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>December</u> to <u>Febr. 22, 1962</u> and last saw <u>him</u> alive on <u>Febr. 1, 1962</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John H. Smathers M.D.</u>		22b. ADDRESS <u>Troy, Mo.</u>	
22c. DATE SIGNED <u>2/22/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/25/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orchard Farm Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Orchard Farm Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>3-2-1962</u>	
23f. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>			
24. FUNERAL DIRECTOR <u>Arthur C Baue Funeral Home</u>			
Address <u>St Charles Mo.</u>			

(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 John C Smith

Licensed Embalmer No. 5145

P. O. Address St Charles, 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.