

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014564

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 72

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED MAR 22 1963**

a. COUNTY **SCOTT**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **SIKESTON**

Length of stay in lb  
**3 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **MO. DELTA COMMUNITY HOSP.**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **MISSISSIPPI**

c. CITY OR TOWN **EAST PRAIRIE**

d. STREET ADDRESS (If outside, give location)  
**701 MILLER**

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**LOUIS**

**WILLIAM**

**ACHTER**

4. DATE OF DEATH

Month

Day

Year

**3-14-63**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**11/7/84**

9. AGE (last birthday)

**78**

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Farmer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farm**

11. BIRTHPLACE (City and state or country)  
**Pevely, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Unknown**

13b. MOTHER'S MAIDEN NAME

**Unknown**

14. NAME OF HUSBAND OR WIFE

**Lura May Achter, dec.**

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.  
**486-14-6572A**

17. INFORMANT Address  
**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)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH  
**1 Day**

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.)

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

COUNTY

STATE

21. I attended the deceased from **J-10-63** to **3-14-63** and last saw him alive on **3-14-63**  
Death occurred at **1:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**J. M. Jones, M.D.**

22b. ADDRESS

**Morehouse, Mo.**

22c. DATE SIGNED

**3-5-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**3/17/63**

23c. NAME OF CEMETERY OR CREMATORY

**Oak Grove Cemetery**

23d. LOCATION (City, town, or county)

**Charleston, Missouri**

(State)

24. FUNERAL DIRECTOR

**McMikle, Charleston, Missouri**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**March 18 1963**

26. REGISTRAR'S SIGNATURE

**Janette Waldman**

USE BLACK INK

OR

TYPEWRITER RIBBON

**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 Bruce R. Huston

Licensed Embalmer No. 5149

P. O. Address East Prairie, 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.

*Permit received  
March 14 - 1968*