

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 20 1963

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEDFORD		c. CITY OR TOWN SILEX, MO.	
Length of stay in 1b 6 weeks		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION LINCOLN COUNTY MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) WILLIAM ALFRED ACHOR			4. DATE OF DEATH Month JUNE Day 7 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/28/1887	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agriculture		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hooker Achor			
13b. MOTHER'S MAIDEN NAME Ada Weeks		14. NAME OF HUSBAND OR WIFE Stella Clare Achor			
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. 493-42-7618		17. INFORMANT Address Wife, Stella Achor, Silex, 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 Heart Failure DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 1/2
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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	
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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 Feb. 9 1963 to June 7-63 and last saw her alive on June 6 1963 Death occurred at 11:15 A on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE H. E. Kelley	(Degree or title) D.O.	22b. ADDRESS Troy Mo	22c. DATE SIGNED June 15 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/10/1963	23c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem.	23d. LOCATION (City, town, or county) (State) Near Troy, Mo.

24. FUNERAL DIRECTOR Kemper Marsh Funeral Home Troy, Mo.	ADDRESS 6-15-1963	25. DATE RECD. BY LOCAL REG. Charlotte Leek	26. REGISTRAR'S SIGNATURE
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0570

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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

Joseph L. March, Jr.

Licensed Embalmer No.

5105

P. O. Address

Troy, 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.