

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012515

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 46 Primary Registration District No. 4063 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton</u>		c. CITY OR TOWN <u>Polo Mo</u> 0130	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hamilton Rest Home</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward Luetta Achenbach</u>		4. DATE OF DEATH Month Day Year <u>April 27 - 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 17 - 1875</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Ray Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Edward Pugh</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Leabo</u>	
14. NAME OF HUSBAND OR WIFE <u>C.C. Achenbach (Dec)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT Address <u>Chas C. Achenbach Jr. Polo 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>Cerebral Vascular Accident</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 COUNTY STATE <u>HAMILTON CALDWELL MO.</u>	
21. I attended the deceased from <u>Nov. 1958</u> to <u>Apr 26, 1959</u> and last saw her alive on <u>4-26-59</u> Death occurred at <u>5 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank R. Delaney</u> (Degree or title)		22b. ADDRESS <u>Hamilton, Missouri</u>	
22c. DATE SIGNED <u>Apr 30 - 59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>4-29-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Caldwell Co. Tenn</u>		23e. STATE <u>Tenn</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Chapman & Cowley Polo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 2 - 59</u>	
26. REGISTRAR'S SIGNATURE <u>Shady Jones</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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. Howells

Licensed Embalmer No. 4924
P. O. Address Pole, 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.