

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036101

AMENDED

Registration District No.

46

Primary Registration District No.

4066

Registrar's No.

43

STATE FILE NUMBER

1

## 1. PLACE OF DEATH

a. COUNTY

Caldwell Co.

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

Kington

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Berry Post 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

Kington

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 Achenbach

Last

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)

86

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

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

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 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 Bartley

## 14. NAME OF HUSBAND OR WIFE

-

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

## 16. SOCIAL SECURITY NO.

489-20-3578

## 17. INFORMANT

Chas C. Achenbach

## Address

Polo 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)

Carcinoma prostate

## INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

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

## DUE TO (b)

with Terminal metastasis

## DUE TO (c)

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

Prostatic carcinoma

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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.

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

Kington

Caldwell Mo

21. I attended the deceased from 1957 to 10-22-61 and last saw 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

(Degree or title)

Frank R. Duley MD.

## 22b. ADDRESS

Hannibal, 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)

1/2 Mo. S. of Polo Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Alsbaugh &amp; Cowley Polo Mo

## 25. DATE RECD. BY LOCAL REG.

10-24-61

## 26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*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.