

FILED FEB 1 1953

# STANDARD CERTIFICATE OF DEATH

State File No. **1937**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 11

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL JOACHIM TOWNSHIP LO YRS</b>		c. LENGTH OF STAY (In this place) <b>LO YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL JOACHIM TOWNSHIP</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR PEVELY</b>
3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First)	b. (Middle)	c. (Last) <b>ACHTER</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>FEB. 26 1866</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>JOHN SCHLIETER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN ACHTER DEC.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WALTER ACHTER PEVELY MO.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yr.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Diabetes mel</b>		
DUE TO (c) <b>Surg. of old age.</b>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>1940</b> , to <b>Jan 22, 1953</b> , that I last saw the deceased alive on <b>Jan 21, 1953</b> , and that death occurred at <b>9:00 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur J. Innes M.D.</b> (Degree of title)			23b. ADDRESS <b>Barnhart, Mo.</b>		23c. DATE SIGNED <b>Jan 23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 25 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BURGESS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ANTONIA MO</b>		
DATE REC'D BY LOCAL REG. <b>1-24-53</b>	REGISTRAR'S SIGNATURE <b>Leahy K. Polillo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HELLIGTAG FUN. HOME IMPERIAL, MO</b> ADDRESS			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JAN 26 1953

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, ~~as by~~ .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Elmer Haligtag*

Licensed Embalmer No. *3571*

P. O. Address *Kennett*

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 this body is not embalmed, fact should be so stated above.