

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26263

State File No.

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY OR TOWN <u>Rural Shawneetown Twp.</u> c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and since) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>Altenburg Rt</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Rural Shawneetown Twp.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thekla</u> b. (Middle) <u>S.</u> c. (Last) <u>Wachter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Altenburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Degenhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Engert</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore Wachter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theodore Wachter Altenburg, St. Rt., Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u> <u>4 years</u>
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 23, 1952</u> , to <u>August 23, 1956</u> , that I last saw the deceased alive on <u>May 23, 1956</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Theodore Fischer, M.D.</u>			23b. ADDRESS <u>Altenburg, Mo.</u>		23c. DATE SIGNED <u>8-25-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery Shawneetown, Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>8-28-56</u>		REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Russell, Mo.</u>		ADDRESS _____			

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

44-0

(Licensed Embalmer's Statement on Reverse Side)

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 *Edward L. Young*.....

Licensed Embalmer No. *2138*.....

P. O. Address *Berryville*.....

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.