

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 94

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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		Length of stay in 1b 6 weeks	c. CITY OR TOWN SILEX, MO.
c. FULL NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ALFRED ACHOR			4. DATE OF DEATH Month Day Year JUNE 7 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/1887
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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) no		16. SOCIAL SECURITY NO. 8	17. INFORMANT Address Wife, Stella Achor, Silex, Mo.
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure DUE TO (b) atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 month 3 "
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.	Month, Day, Year		
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
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 (Degree or title) H. F. Kelley DO.		22b. ADDRESS Troy Mo	22c. DATE SIGNED June 15 63
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.		25. DATE RECD. BY LOCAL REG. 6-15-1963	26. REGISTRAR'S SIGNATURE Charlotte Leek

USE BLACK INK OR TYPEWRITER RIBBON

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.