

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3656

FILED FEB 4 1949

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saline City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>No. Street Number</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl O</u> b. (Middle) <u>Otto</u> c. (Last) <u>Ahrens</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 14-1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10/1889</u>	
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>10</u> DAYS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Bland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Ahrens</u>				13b. MOTHER'S MAIDEN NAME <u>Adelheide Puvogel</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Golden Ahrens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>497-12-5365</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Ahrens R.F.D. 3, Marshall, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>coronary occlusion</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>420.0</u> 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 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) (Min.) _____		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>Jan. 5, 1949</u> , to <u>Jan. 14, 1949</u> , that I last saw the deceased alive on <u>Jan. 14, 1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. F. Fisher, M.D.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>1-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saline City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan-17-1949</u>		REGISTRAR'S SIGNATURE <u>Ridney T. Gray</u>		385 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Lawrence</u>		ADDRESS <u>Marshall, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 2-2-49

APR 1 1949
FEB

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.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 13235

P. O. Address Marshall

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.