

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7115

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby 102			
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina		c. LENGTH OF STAY (In this place) 1 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina 2 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Gladys		b. (Middle) Cleveland		c. (Last) Ahalt	
				4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 11		8. DATE OF BIRTH Unk- 1893	
						9. AGE (In years) (Months) (Days) (Hours) (Min.) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Shelbina, Missouri 0		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Amanda Painter		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME E. Hayes Shelbina, Mo.			
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) Asphyxia 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. 3011				INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shelbina, Shelby Mo.			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. W. Garrison (Coroner)				23b. ADDRESS Shelbina, Mo.		23c. DATE SIGNED 3/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Fe. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Shelbina		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri	
DATE REC'D BY LOCAL REG. Feb 17-49		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes Shelbina Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-31

Date Filed FEB. 2-1-1949

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
Student Embalmer

Signed

Paul E. Hayer
4461

Licensed Embalmer No. _____

P. O. Address

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