

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27570

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Dumas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>79</u>			
b. CITY OR TOWN <u>Cantharville</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cantharville, MO.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 E 4th St</u>				d. STREET ADDRESS (If rural, give location) <u>201 E 4th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>W</u>		c. (Last) <u>AHERN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 11 - 1897</u>	
9. AGE (In years last birthday) <u>52</u>		10. AGE (In years last birthday) <u>52</u>		11. AGE (In years last birthday) <u>52</u>		12. AGE (In years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale & Retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>motor fuel</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville Kentucky</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James Ahern</u>		13b. MOTHER'S MAIDEN NAME <u>Ruthie Cassidy</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James T. Ahern, Cantharville</u>		ADDRESS <u>Cantharville</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>Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>OK</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>Atherosclerosis</u>				4201			
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>July 30 1949</u> to <u>Aug 8 1949</u> that I last saw the deceased alive on <u>Aug 7 1949</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. T. Ahern</u> (Degree or title)				23b. ADDRESS <u>Cantharville, MO.</u>		23c. DATE SIGNED <u>8/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town or county) (State) <u>Cantharville MO.</u>	
DATE REC'D BY LOCAL REG <u>8-20-1949</u>		REGISTRAR'S SIGNATURE <u>Tressie B. Wicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Dean</u>		ADDRESS <u>Cantharville MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

8-49-230

MAR 2 1950
AUG 31 1945

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Noel C. Dean

Signed _____
Student Embalmer

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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