

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **474**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **4076** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gordonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gordonville	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gordonville, Mo.			

3. NAME OF DECEASED (Type or Print) MARTHA MARIE AHRENS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 5, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH FEB. 28, 1862		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Gordonville, Missouri	
13a. FATHER'S NAME Charles Neumeier			13b. MOTHER'S MAIDEN NAME Caylyn Bennicke		14. NAME OF HUSBAND OR WIFE John H. Ahrens
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 Helen Amelunke ADDRESS Gordonville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH Nov 23-50 to Jan 5-1951	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Inferiority of eye			4222	
II. OTHER SIGNIFICANT CONDITIONS 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) _____		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 **Nov. 28, 1947**, to **Jan. 5, 1951**, that I last saw the deceased alive on **Jan. 5, 1951**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Ford, M.D. (Degree or title) 0		23b. ADDRESS Gordonville, Mo.		23c. DATE SIGNED Jan. 6-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 7 1951		24c. NAME OF CEMETERY OR CREMATORY Lion Methodist Ch. Cemetery	
24d. LOCATION (City, town, or county) (State) West of Gordonville, Mo		25. FUNERAL DIRECTOR'S SIGNATURE L. J. ... ADDRESS FORD-YOUNG FUNERAL HOME, Inc. CAPE GIRARDEAU, MISSOURI		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 8-51 D. S. ...	

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

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....
Student Embalmer

Signed

Lewell Green

Licensed Embalmer No. *4736*

P. O. Address *Box 1111*

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.