

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 2 1951 STANDARD CERTIFICATE OF DEATHState File No. 15548  
Registrar's No. 43

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		c. CITY OR TOWN <u>Butler</u>		d. STREET ADDRESS (If rural, give location) <u>307 W. Ft. Scott</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 W. Ft. Scott</u>				d. STREET ADDRESS (If rural, give location) <u>307 W. Ft. Scott</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ida</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Ahlfeld</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>23</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>6-3-1882</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>11</u>		11. DAYS <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife / keep home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Ahlfeld</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Finzelberg</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.W. Ahlfeld</u>		18. ADDRESS <u>Butler, Mo.</u>		19. CAUSE OF DEATH	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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.  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION <u>4/20/</u>	
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)		22. I hereby certify that I attended the deceased from <u>death on arrival</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.	
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?		23. SIGNATURE (Degree or title) <u>John H. Underwood, Coroner</u>	
23a. SIGNATURE		23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>5-24-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Underwood</u>	
25. DATE REC'D BY LOCAL REG. <u>May 25-51</u>		25. REGISTRAR'S SIGNATURE <u>Handall Norky</u>		25. ADDRESS <u>Butler, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Underwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-1-51 \_\_\_\_\_

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 \_\_\_\_\_

*Robert S. Steinbock*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address *Boulder, 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.