

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20029**  
**2449**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City 5th Ward</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Butler A.P. Dist. 1</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Trinity Luth. Hosp</u>                                |  | d. STREET ADDRESS (If rural, give location)   |  |

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Christopher William Ahlfeld</u>                                    |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 7, 1951</u> |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Dec 29, 1872</u>                         | 9. AGE (In years last birthday)<br><u>78</u>                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>                         |   | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                                  |  |   |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>William Ahlfeld</u>                                   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Laura C. Ahlfeld</u>       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>none</u>      |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Laura C. Ahlfeld</u> |  |
|  |  |   |  | ADDRESS<br><u>Butler Mo.</u>                                 |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Paralysis from neck strain</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>89 1/3</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Fracture of 7th vertebra</u> |  |   |
|   | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.        |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>007</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.)<br><u>Farm</u>           | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)<br><u>Butler Jackson Mo</u> |
| 21d. TIME OF INJURY<br><u>6-4-51-2:00 P. M.</u>             | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>Run over by tractor</u>                  |

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 \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 23a. SIGNATURE<br><u>Hugh H. Owens</u>             | (Degree or title)                | 23b. ADDRESS<br><u>4034 Pealto Bldg. Butler Mo</u> | 23c. DATE SIGNED<br><u>6-8-51</u>                                 |
| 24a. BURIAL CREMATATION (Specify)<br><u>Burial</u> | 24b. DATE<br><u>June 7, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY                 | 24d. LOCATION (City, town, or county) (State)<br><u>Butler Mo</u> |

|   |  |  |                             |
|---|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG.<br><u>6-8-51</u> | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Dixon L. Kelsey</u> | ADDRESS<br><u>Indep. Mo</u> |
|---|--|--|-----------------------------|

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

**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

*Dixon L. Kelsey*

Licensed Embalmer No.

*4225*

P. O. Address

*Indep. 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.