

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31322**

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 269	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cole			
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 78 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		d. STREET ADDRESS (If rural, give location) 120-E-Dunklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 120-E-Dunklin				d. STREET ADDRESS (If rural, give location) 120-E-Dunklin			
3. NAME OF DECEASED a. (First) Bertha b. (Middle) Heneretta c. (Last) Ahtrens			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24-1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 21-1875	
9. AGE (in years last birthday) 78		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 0 3		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Schwartz		13b. MOTHER'S MAIDEN NAME Barbara Karen Lewis Ahtrens		14. NAME OF HUSBAND OR WIFE Louis Ahtrens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis Ahtrens J.C. 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) Acute Coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary occlusion DUE TO (c) Coronary heart disease					INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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) 4201			
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 9/24/53 , to 9/24/53 , that I last saw the deceased alive on 9/24 , 1953, and that death occurred at 10:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Reverend Luther M. ...				23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED 9/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Trangeli		24d. LOCATION (City, town, or county) (State) Jefferson City - Mo.	
DATE REC'D BY LOCAL REG. Sept 25-53		REGISTRAR'S SIGNATURE R.P. Norris		25. FUNERAL DIRECTOR'S SIGNATURE Andrew J. ... ADDRESS J.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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  _____

Licensed Embalmer No. 3641

P. O. Address 7 no.

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.