

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31450**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. **112** PRIMARY REG. DIST. NO. **5229** Registrar's No. **73**

360

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Leslie R#1 Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie R#1 Boone	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LOUIS	b. (Middle) W.	c. (Last) AHLEMEYER	(Month) Sept.	(Day) 13.	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Leslie, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Ahlemeyer	13b. MOTHER'S MAIDEN NAME Louise Brinkmann	14. NAME OF HUSBAND OR WIFE Elizabeth Ahlemeyer
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 Walter Ahlemeyer ADDRESS Leslie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND 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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Mar 19 53	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach 151X	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) m.	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 **Apr 7, 1952** to **9-13, 1953**, that I last saw the deceased alive on **9-12, 1953** and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Matthews M.D. (Degree or title)	23b. ADDRESS Beaufort, Mo.	23c. DATE SIGNED 9-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 16, 53	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) Beaufort, Missouri		24e. (State) _____

DATE REC'D BY LOCAL REG. 9-15-53	REGISTRAR'S SIGNATURE H. H. Matthews 9570	25. FUNERAL DIRECTOR'S SIGNATURE Ernest R. Oltmann ADDRESS Herald, Mo.
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JAN 25 1956

JUN 27 1956

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 Ernest P. Oltmanns

Licensed Embalmer No. 4054

P. O. Address Seneca 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.