

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9256

State File No.

FILED MAR 23 1954		BIRTH NO.		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No.			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Lafayette</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>						
c. LENGTH OF STAY (in this place) <u>40 yrs</u>					d. STREET ADDRESS (If rural, give location)						
d. FULL NAME OF HOSPITAL OR INSTITUTION											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Samuel</u>			b. (Middle) <u>R.</u>			c. (Last) <u>Ahring</u>		
4. DATE OF DEATH			(Month) <u>March</u> (Day) <u>19</u> (Year) <u>1954</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 25, 1885</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Redsberg, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Rudolph W. Ahring</u>				13b. MOTHER'S MAIDEN NAME <u>Amelia Austerman</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Ahring, Odessa, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					<u>20 min</u>	
					ANTECEDENT CAUSES						
					<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arteriosclerosis (General)</u></p> <p>DUE TO (c)</p>						
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 <u>4201</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 <u>Mar 19, 1954</u> , to <u>Mar 19, 1954</u> , that I last saw the deceased alive on <u>Mar 19, 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter Do</u>					23b. ADDRESS <u>Odessa Mo</u>					23c. DATE SIGNED <u>Mar 20 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Mar 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Emma Dainoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eusman Sparks</u>		ADDRESS <u>Odessa, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

40

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 William T. Sparks

Licensed Embalmer No. #431

P. O. Address Oberlin, 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.