

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

108

State File No.

BIRTH NO.		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0071</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> c. LENGTH OF STAY (in this place) <u>1 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> c. CITY OR TOWN <u>Butler</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>309 W. Pine</u> <u>0071</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>C</u> c. (Last) <u>Ahlfeld</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1955</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 24 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Butler Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. L. Criglan</u>				13b. MOTHER'S MAIDEN NAME <u>America Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. Ahlfeld</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles R. Criglan</u> ADDRESS <u>Butler, Mo.</u>	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of stomach</u> 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				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				151X			
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 <u>Dec 15, 1954</u> , to <u>Jan 27, 1955</u> , that I last saw the deceased alive on <u>Jan 27, 1955</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. L. Hunsaw</u> <u>M.D.</u>				23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>1-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 29-55</u>		REGISTRAR'S SIGNATURE <u>Rendall Korum</u> <u>170</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Spindewood</u> ADDRESS <u>Funeral Service</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1
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
Signature of Student Embalmer

Signed *Robert G. Stunick*

Licensed Embalmer No. *4452*

P. O. Address *Butler, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.