

FILED JAN 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 478

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>4076</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau 0160</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gordonville</u> c. LENGTH OF STAY (in this place) <u>5 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gordonville, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>UNKNOWN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRONSON</u> <u>81508</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J</u> c. (Last) <u>AHRENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1955</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 21, 1886</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN H. AHRENS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA NEUMAYER</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Major Ahrens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Otto C. Keilne Gordonville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis Chronic</u> DUE TO (c) <u>Diabetes Mellitus</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>				20. AUTOPSY? YES ☐ NO ☐	
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) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>JAN 1</u> , 19 <u>55</u> , to <u>JAN 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>JAN 7</u> , 19 <u>55</u> , and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Ford, M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Gordonville, Mo</u>		23c. DATE SIGNED <u>Jan 11, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION METH. CHURCH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GORDONVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>1/13/55</u>		REGISTRAR'S SIGNATURE <u>D. S. Hudson</u> <u>43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORD YOUNG FUNERAL HOME, Inc.</u>		ADDRESS _____	

By W. H. Ford, M.D. 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

Charles E. Mungle

Licensed Embalmer No. *4877*

P. O. Address *Appl. Huarda*

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.