

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Dr. Ford

State File No. 479

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>4076</u>		Registrar's No. <u>9.9</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>GORDONVILLE</u>		c. LENGTH OF STAY (In this place) <u>5 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRONSON</u>		8150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilma</u>		b. (Middle) <u>Pauline</u>		c. (Last) <u>AHRENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT 23, 1906</u>		9. AGE (In years last birthday) <u>48</u> If under 1 year: Months <u>3</u> Days <u>21</u> If under 12 hrs. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.R. AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARTWELL, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN F. MALONE</u>		13b. MOTHER'S MAIDEN NAME <u>ETHEL SHELTON</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM AHRENS (Dec.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>722-07-1881</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ETHEL MALONE - milo, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Salivary G. Gland</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Jan 14, 1955</u> to <u>Jan 14, 1955</u> , that I last saw the deceased alive on <u>Jan 14, 1955</u> , and that death occurred at <u>10:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. Ford, M.D.</u>				23b. ADDRESS <u>Gordonville MO</u>		23c. DATE SIGNED <u>Jan 15, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/16/55</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>1/17/55</u>		REGISTRAR'S SIGNATURE <u>D. S. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles [Signature] FORD-YOUNG FUNERAL HOME, Inc.</u>			

By Paul H. Seibert (Seal and Embossed Statement on Reverse Side) CAPE GIRARDEAU, MISSOURI

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

FEB 24 1955

MAR 11 1955

MAR 26 1955

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~~ 4877

P. O. Address Cape Girardeau, 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.