

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4009

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 5241 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Madison Twp.</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Madison Twp.</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>3 Miles E. Stockton</u>		Length of stay in lb	d. STREET ADDRESS <u>3 Miles E. Stockton</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>AMOS</u> Middle <u>BURTON</u> Last <u>AHART</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>9</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 30, 1881</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Stockton, Mo.</u>	
13. FATHER'S NAME <u>Jack Ahart</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Ray</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-2650</u>		17. INFORMANT Address <u>Mrs. Stella Ahart, Stockton, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>002X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5-13-52</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>0</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>5-13-52</u> to <u>2-8-57</u> and last saw her ^{him} alive on <u>2-8-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wm B Rukler MD</u> (Degree or title)			22b. ADDRESS <u>Stockton Mo</u>		22c. DATE SIGNED <u>2-12-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B urial</u>		23b. DATE <u>2-11-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lindley Prairie Cem.</u>	
				23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Cantlow Funeral Home, Stockton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-1957</u>		26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service000
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

54

FEB 19 1957

OCT 17 1957

APR 17 1957

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 *John A. Cantlon*

Licensed Embalmer No. *43*

P. O. Address *Stoughton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.