

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008550

STATE FILE NUMBER

AMENDED

FILED MAR 30 1961

Primary Registration District No. 5545 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chariton Twnshp.</u>		Length of stay in 1b <u>44 yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Trin. e. Glasgow</u>		d. STREET ADDRESS (If outside, give location) <u>7 mi. n.e. of Glasgow</u>	
3. NAME OF DECEASED (Type or print) First <u>MARTIN</u> Middle <u>-</u> Last <u>AHOLT</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>17</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>May 27, 1888</u>
9. AGE (last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		14. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	
15. BIRTHPLACE (City and state or country) <u>Washington Mo.</u>		16. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
17. FATHER'S NAME <u>John Aholt</u>		18. MOTHER'S MAIDEN NAME <u>Frances Schutte</u>	
19. NAME OF HUSBAND OR WIFE <u>Frances Temple Aholt</u>		20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
21. SOCIAL SECURITY NO. <u>490-42-9114</u>		22. INFORMANT <u>Mr. Herbert Aholt</u>	
23. ADDRESS <u>Glasgow, Mo.</u>		24. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Aschoff's Sclerotic Heart Disease</u> DUE TO (c) <u>6-8 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
25. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	26. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐	27. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
28. TIME OF INJURY Hour <u>5:00</u> a.m. <u>5:00</u> p.m.	29. Month, Day, Year <u>1957</u> to <u>3-17-61</u>	30. and last saw him alive on <u>2-17-61</u>	
31. Death occurred at <u>5:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
32. SIGNATURE <u>Dr. Gordon</u>		33. ADDRESS <u>Glasgow Mo.</u>	
34. DATE SIGNED <u>3-25-61</u>		35. BIRTHPLACE (City and state or country) <u>Glasgow, Mo.</u>	
36. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		37. LOCATION (City, town, or county) <u>Glasgow, Mo.</u>	
38. DATE <u>Mar. 20, 1961</u>		39. NAME OF FUNERAL DIRECTOR <u>Frimonth Funeral Service</u>	
40. ADDRESS <u>Glasgow, Mo.</u>		41. DATE RECD. BY LOCAL REG. <u>3-25-1961</u>	
42. REGISTER'S SIGNATURE <u>Walker Andaley</u>		43. DATE <u>3-25-1961</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *W. H. McMoneth*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.