MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-018560

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 114

FILED JUN 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b: 30 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 909 W. Fifth St., — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Franklin
c. CITY OR TOWN: Washington — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 909 W. Fifth St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Walter Middle A. Last Ahlmeyer

4. DATE OF DEATH: Month May Day 26 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/24/1902
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months 6 Days 2 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (City and state or country): Bland, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fritz Ahlmeyer
13b. MOTHER'S MAIDEN NAME: Minnie Schneidewind
14. NAME OF HUSBAND OR WIFE: Mable E. Ahlmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Mable E. Ahlmeyer, Address: Washington, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ca floor of mouth
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2 Feb 62 to 26 May 62 and last saw ~~her~~ him alive on 26 May 62
Death occurred at 3:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Boyce, MD
22b. ADDRESS: Washington, Mo
22c. DATE SIGNED: 28 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29, 1962
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Missouri

24. FUNERAL DIRECTOR: Nieburg & Witt, Inc. G. A. Witt — ADDRESS: Washington, Mo
25. DATE RECD. BY LOCAL REG.: 5/29/62
26. REGISTRAR'S SIGNATURE: Luke C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1962

JUL 19 1963

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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.