

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019311

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **249**

STATE FILE NUMBER

FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 9 days	c. CITY OR TOWN Gordonville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) on upper street
3. NAME OF DECEASED (Type or print) First Hannah Middle Helen Last Ahrens		4. DATE OF DEATH Month May Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	9. AGE (last birthday) 72
13a. FATHER'S NAME Ferdinand Hargens		13b. MOTHER'S MAIDEN NAME Pauline Kuehle	11. BIRTHPLACE (City and state or country) Gordonville, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-26-4658	12. CITIZEN OF WHAT COUNTRY U. S. A.
17. INFORMANT Albert L. Ahrens		Address Gordonville, 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) Uremia and intestinal obstruction			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
DUE TO (b) Metastatic carcinoma			3 months
DUE TO (c) Carcinoma of the bladder			November 1962
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour 6:05 a.m. p.m. Month, Day, Year 5-11-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Gordonville, Mo.	
21. I attended the deceased from 1-11-63 to 5-11-63 and last saw her/him alive on 5-11-63 Death occurred at 6:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5-14-63	
22a. SIGNATURE L.P. Seabaugh, M.D.		22b. ADDRESS 219 North Pacific, Cape Girardeau, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-1963	23c. NAME OF CEMETERY OR CREMATOR Zion Meth. Cemetery, Gordonville, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.		25. DATE REC'D. BY LOCAL REG. 5-15-63	
26. REGISTRAR'S SIGNATURE Gene Kasten			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0168

2 0160

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MAY 22 1963

JUN 25 1963

JUL 1 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 _____

W. J. Ind

Licensed Embalmer No. 5057

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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