

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050689

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1795

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED 27 64

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OFUSE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 13 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Protestant Hospital		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) DENNIS ROY AHRENDT		4. DATE OF DEATH Month December Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Dec. 30, 1941
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY In School	
11a. FATHER'S NAME Martin Ahrendt		11b. MOTHER'S MAIDEN NAME Katherine Simpson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Mrs. Katherine Ahrendt		Address Springfield, 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) Stab wound in chest (left posterior)			
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) 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.) He was stabbed while in an altercation	
20c. TIME OF INJURY Hour 2:30 A.M. Month, Day, Year 12/14/63	with several men. A inquest was held.		
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.) in yard of home	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme (Degree or title) County Coroner		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 1/3/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Home, Ark.	23d. LOCATION (City, town, or county) (State) Mt. Home, Arkansas
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 1-24-64	26. REGISTRAR'S SIGNATURE Bernie Bradley

(Licensed Embalmer's Statement on Reverse Side)

0920200

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RECEIVED
JAN 27 1964

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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 _____

Lawrence G. Schaeffer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

JAN 27 1964