No. 300
10.48

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15972

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St Aubert Twp
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Said by him to be Minnesota
b. COUNTY: 99
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): —
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Axel
b. (Middle):
c. (Last): Ahlgren

4. DATE OF DEATH (Month) (Day) (Year): May 13 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DK
8. DATE OF BIRTH: DK
9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hobo
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): DK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: DK
13b. MOTHER'S MAIDEN NAME: DK
14. NAME OF HUSBAND OR WIFE: DK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): DK — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: DK
17. INFORMANT'S SIGNATURE OR NAME: Ed Thompson — **ADDRESS**: Fulton Mo RFD #6

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Heart Attack — *INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W O Payne MD
23b. ADDRESS: RF# 6 Fulton
23c. DATE SIGNED: 5-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May-14-1949
24c. NAME OF CEMETERY OR CREMATORY: County Infirmary Cem
24d. LOCATION (City, town, or county) (State): Fulton, Callaway Co. Mo.

DATE REC'D BY LOCAL REG.: May 15 1949
REGISTRAR'S SIGNATURE: Maretta Lawrence (426)
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Ed Thompson, Co Infirmary Supt. Fulton, Mo. RFD 6

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number MAY 25 1949
Date Filed

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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