

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39772

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 4186		Registrar's No. 97		
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE Missouri b. COUNTY Franklin				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sullivan		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Sullivan, Missouri.				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Robert E. b. (Middle) Lee c. (Last) Aden			4. DATE OF DEATH (Month) (Day) (Year) Dec 28 1948					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWER Widower		8. DATE OF BIRTH July 16, 1881		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR 5 Months		IF UNDER 1 YEAR 12 Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (State or foreign country) Anaconda, Missouri		12. CITIZEN OF WHAT COUNTRY? U.-S.-A.	
13a. FATHER'S NAME Reuben Aden			13b. MOTHER'S MAIDEN NAME Ann McNally			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 499-03-2092		17. INFORMANT'S SIGNATURE OR NAME Gertrude Stroup, Sullivan, Mo. ADDRESS				
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. 83a		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 9 HOURS 8 YRS 9 YRS age	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec. 28, 1948, to Dec 28, 1948, that I last saw the deceased alive on Dec 28, 1948, and that death occurred at 5:20 P. M., from the causes and on the date stated above.								
23a. SIGNATURE John J. de la Torre (Degree or title) M. D.				23b. ADDRESS SULLIVAN, MISSOURI		23c. DATE SIGNED 12/29/48		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/48		24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Bourbon, Mo.		
DATE REC'D BY LOCAL REG. 12-29-48		REGISTRAR'S SIGNATURE O. H. Prater 97		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. P. Shaffer		ADDRESS Sullivan, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

3640

RECEIVED
District Health Officer No. 9
District File Number JAN 6 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 *Edgar W. Laffoon* _____

Licensed Embalmer No. *3394* _____

P. O. Address *Sullivan, 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 this body is not embalmed, fact should be so stated above.