

FILED JUN 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14852

BIRTH NO. 216943-49 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 623

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> 25			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>1</u> <u>Thurs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg, Rural</u> 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RR 1</u> 0			
3. NAME OF DECEASED (Type or Print) <u>Baby Girl Aitkens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-49</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>6-5-49</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>7</u> Mins. <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Joseph Aitkens</u>		13b. MOTHER'S MAIDEN NAME <u>Alice B Maddox</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Joseph Aitkens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frederick Aitkens, RR#1, Plattsburg, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelactasia</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra uterine anoxemia</u> DUE TO (c) <u>Placenta Praevia & massive Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-5-</u> , 19 <u>49</u> , to <u>6-5-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-5-49</u> , 19 <u>49</u> , and that death occurred at <u>1:50 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Wadlow, M.D.</u>				23b. ADDRESS <u>620 Francis Highway, Mo</u>		23c. DATE SIGNED <u>6-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/6/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg MO</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1949</u>		REGISTRAR'S SIGNATURE <u>E. E. Wadlow</u> 382		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Lyon Plattsburg Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Prepared for Burial

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Donell D. Ligon

Licensed Embalmer No. *3640*

P. O. Address *Wattsburg N*

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.