

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43479**

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4516** Registrar's No. **79**

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

1. PLACE OF DEATH a. COUNTY TANEY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY TANEY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forsyth		c. LENGTH OF STAY (in this place) years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forsyth		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) F. c. (Last) AIKMAN			4. DATE OF DEATH (Month) (Day) (Year) DEC 6 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 10, 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIRMAN		10b. KIND OF BUSINESS OR INDUSTRY SHOE WORK		11. BIRTHPLACE (State or foreign country) IND.	12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME William Aikman		13b. MOTHER'S MAIDEN NAME Ellen Richardson	14. NAME OF HUSBAND OR WIFE Anna Aikman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. new	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Aikman ADDRESS Forsyth MO		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris				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.				4202
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) m.		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 4 , 19 49 , to Dec 6 , 19 49 , that I last saw the deceased alive on Dec 5 , 19 49 , and that death occurred at 8:00 m., from the causes and on the date stated above.					
23a. SIGNATURE D. H. Saunders (Degree or title) MD		23b. ADDRESS Forsyth Mo		23c. DATE SIGNED 2/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-11-49	24c. NAME OF CEMETERY OR CREMATORY Forsyth Cemetery	24d. LOCATION (City, town, or county) (State) Forsyth MO		
DATE REC'D BY LOCAL REG Dec 14 1949	REGISTRAR'S SIGNATURE S E Cogswell 376		25. FUNERAL DIRECTOR'S SIGNATURE Forsyth Funeral Home, Forsyth Mo ADDRESS		

RECEIVED DEC 19 1949
District Office No. 6,
District File Number 1249-1378
Date Filed DEC 23 1949

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. 338

working under my personal supervision.

Student James W. Stetman
Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Farmington, 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.