

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1013

Registrar's No. 184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) - OR - TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) Netherlands Hotel	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) H	
c. (Last) Aikins		4. DATE OF DEATH (Month) (Day) (Year) Jan 11 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/27/1861
9. AGE (In years last birthday) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Aikins		13b. MOTHER'S MAIDEN NAME Sarah Salisbury	
14. NAME OF HUSBAND OR WIFE Clara J. Aikins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --	
16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara J. Aikins	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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. Arteriosclerotic heart disease 10ms.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION 177x		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)	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 1940 to Jan 11, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 177x, from the causes and on the date stated above.			
23a. SIGNATURE M. G. Berry (Degree or title) M.D.		23b. ADDRESS Clara Med Bldg Rm 1110	
23c. DATE SIGNED 1-11-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/14/50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure	
25. ADDRESS Kansas City, Missouri		DATE REC'D BY LOCAL REG. 1-14-50	
REGISTRAR'S SIGNATURE Geraldine Holmes		25. ADDRESS Kansas City, Missouri	

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

3008  
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1412

P. O. Address H. C. M. S.

**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.**