

FILED OCT 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29417

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1098</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>			
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>23 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford</u>		8/70 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Harry</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Aitken</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1950</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 7, 1879</u>	
9. AGE (In years last birthday) <u>71</u>		if UNDER 1 YEAR Months <u>0</u> Days <u>20</u>		if UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post master ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gov't Post Office</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Aitken</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Forsythe</u>		14. NAME OF HUSBAND OR WIFE <u>Lois B. Aitken</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois B. Aitken, Bedford, Iowa</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>CORONARY THROMBOSIS WITH ANTECEDENT CAUSES</u> <u>MYOCARDIAL INFARCTION</u> <u>Arteriosclerosis, general</u> DUE TO (c) <u>ARTERIOSCLEROSIS, GENERAL</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>?</u> <u>4201</u>	
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) (Min.)		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 <u>9/4/50</u> , to <u>9/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/27/50</u> , 19 <u>50</u> , and that death occurred at <u>4:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Carle</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>706 FRANCIS, ST. JOSEPH, MO.</u>		23c. DATE SIGNED <u>9/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/27/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-----</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater-Bauman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0001 82 100

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 50th St. Joplin*

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.