S. No. 300
v. 10.48

0140
1

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 399

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5160 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CALWOOD
c. LENGTH OF STAY (In this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR #1 FULTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CALWOOD 0140
d. STREET ADDRESS (If rural, give location): 8 MILES N.E. FULTON, MO

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): LEO
c. (Last): AANEY

4. DATE OF DEATH (Month) (Day) (Year): JAN 11 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 18 1903
9. AGE (In years last birthday): 47
If under 1 year: Months 4, Days 23
If under 1 hr.: 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: NONE
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: D. K.
13b. MOTHER'S MAIDEN NAME: D. K.
14. NAME OF HUSBAND OR WIFE: ELLA AANEY

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.: DK
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ella Aaney
ADDRESS: RR #1, Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary disease, arteriosclerosis — unk
DUE TO (c): fibrillation

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 ☐ 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): — m.
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 Sept 19 50, to 9 Jan 19 51, that I last saw the deceased alive on 9 Jan 19 51, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 13 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-1950
24c. NAME OF CEMETERY OR CREMATORY: Ebenezer
24d. LOCATION (City or town, county) (State): Callaway Mo

DATE REC'D BY LOCAL REG.: Jan. 13-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 4-26
25. FUNERAL DIRECTOR'S SIGNATURE: Marquis Funeral Home
ADDRESS: Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 15 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.