

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24056

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 6292		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lecky				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lecky			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (In rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Albert		b. (Middle) Kennon		c. (Last) Aaron	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 21, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drag line operator		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years, last birthday) 55		11. BIRTHPLACE (State or foreign country) 0 10 25	
13a. FATHER'S NAME FRANK AARON		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN		NAME OF HUSBAND OR WIFE USA		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 494 03 2007		17. INFORMANT'S SIGNATURE OR NAME (Last address) Gertrude May Aaron Lecky 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 22 Days 2 yrs	
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)		21f. HOW DID INJURY OCCUR?	
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 April 19, 1951 , to July 16, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 5:30am. , from the causes and on the date stated above.							
23a. SIGNATURE R. O. DeWitt (Degree or title)				23b. ADDRESS Waynesville		23c. DATE SIGNED 7-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Jerome		24d. LOCATION (City, town, or county) (State) Waynesville MO.	
DATE REC'D BY LOCAL REG. 7-30-51		REGISTRAR'S SIGNATURE Paula Ann Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home Waynesville MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 8-4-51
File Number
Alaska County Health Officer

RECEIVED

7-30-51

MAR 10 1951

MAR 10 1951

FEB 18 1951

MAR 6 1951

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

Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address *Shreve, 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.