

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40447

State File No. 52

FILED NOV 16 1951

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HURLEY		c. LENGTH OF STAY (In this place) 31 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HURLEY			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.T. # 2, CRANE				d. STREET ADDRESS (If rural, give location) Rt # 2, CRANE			
3. NAME OF DECEASED (Type or Print) MARY		a. (First) MARY		b. (Middle) ALICE		c. (Last) AIKSHIE	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 14-1884	
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) STONE CO., MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM KERR		13b. MOTHER'S MAIDEN NAME SUSAN SHELTON		14. NAME OF HUSBAND OR WIFE FRANK ROBERT AIKSHIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. AUDIE SCOTT, HURLEY, MO. ADDRESS _____			
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) Pulmonary Tuberculosis 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. 19a. DATE OF OPERATION _____				20. AUTOPSY? 002X 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) _____		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 10-2, 1951 , to OCT. 8, 1951 , that I last saw the deceased alive on OCT. 8, 1951 , and that death occurred at 12:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. W. Nimmack M.D.				23b. ADDRESS Crane, Mo.		23c. DATE SIGNED OCT. 13-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-13-1951		24c. NAME OF CEMETERY OR CREMATORY WRIGHT'S CEMETERY		24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI	
DATE REC'D BY LOCAL REG. OCT. 26-51		REGISTRAR'S SIGNATURE Mrs. J. Elmer Broussard		25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris ADDRESS Clever, Mo.			

Rev. Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **NOV 10 1951**

Dist. File 1151-1985

Date Filed 11-14-51

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland 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.