

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22396

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 1/2 W. 6th</u>				e. STREET ADDRESS (If rural, give location) <u>209 1/2 W. 6th</u> <u>0804</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Aiken</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>undivorced</u>		8. DATE OF BIRTH <u>July 27-1882</u>	
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		11. UNDER 18 HRS. Hours <u>1</u> Min. <u>3</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Minneapolis Minn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William S. Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Crisilla J. Hamilton</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred D. Aiken</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>Mrs. Philip M. Laughlin Sedalia</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>Myocarditis, Chronic</u>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>viewed</u> the deceased from <u>As Coroner</u> , <u>10</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>11:00 A.M.</u> from the causes and on the date stated above.							
23. SIGNATURE <u>Chas. Gordon Laughlin</u>				23b. ADDRESS <u>Coroner, Pettis Co</u>		23c. DATE SIGNED <u>6-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 1, 1953</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. M. Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1955

**STATEMENT BY LICENSED EMBALMER**

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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 .....

Signature of Student Embalmer .....

Signed .....

*KPM Crary*

Licensed Embalmer No. ....

375

P. O. Address .....

*Shelton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.