FILED DEC 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39430

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 528

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kans
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena Kans 915
d. STREET ADDRESS (If rural, give location): 511 E 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): AACH

4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-9-68
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days 11 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trier Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Isarel Aach
13b. MOTHER'S MAIDEN NAME: Sarah Baum
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mr Arthur Aach — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Pyelonephritis with nephrolithiasis — 20 years
DUE TO (c): Senility — 30 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Uremia — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 6000
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* Nov, 1952 *to* 20 Nov, 1953, *that I last saw the deceased alive on* 19 Nov, 1953, *and that death occurred at* 4:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert G Powell MD
23b. ADDRESS: Galena, Kansas
23c. DATE SIGNED: 20 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-23-53
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope
24d. LOCATION (City, town, or county): Joplin (State): MO

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Ed D. James 1380 by Dolores Lampkins DR
25. FUNERAL DIRECTOR'S SIGNATURE: Wm E Pfost 519 by Wm H Weston Mgr — ADDRESS: Main Galena Kans

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED NOV 30 1953
Jasper County Health Office
County File Number 53-11-954
Date Filed NOV 30 1953

DEC 2 1953

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 Steve Parker
Licensed Embalmer No. 2548
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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