No. 300
10.48

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29816

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1023

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan		a. STATE Missouri	b. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 41y-4m-2d	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #2		e. STREET ADDRESS (If rural, give location) 0644	

3. NAME OF DECEASED (Type or Print)	a. (First) ETTA	b. (Middle)	c. (Last) AIKMAN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Not given	9. AGE (In years last birthday) Abt. 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

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 (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) not given	17. INFORMANT'S SIGNATURE OR NAME Charles Shaffer, Hannibal, Mo.	ADDRESS

18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis Chronic	1 yr.+
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis	10 yrs.
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic	41 yrs.+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	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 (Month) (Day) (Year) (Hour) OF INJURY 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 Jan 1, 1954, to Sept 17, 1954, that I last saw the deceased alive on Sept 16, 1954, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Cosine M.D.	23b. ADDRESS State Hospital #2, City	23c. DATE SIGNED 9-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 20, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Kirksville, Mo. (State)

DATE REC'D BY LOCAL REG. Sept. 24, 1954	REGISTRAR'S SIGNATURE Esther M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE Keaton-Bowman, St. Joseph	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....~me.., Student Embalmer No............

working under my personal supervision..

Student..   Signed..
          Signature of Student Embalmer

                                        Licensed Embalmer No. 495.

                                        P. O. Address.................,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.