

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12502**  
**34**

|                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                             |                                                                      |                                                                                  |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                                                  |  | REG. DIST. NO. <b>175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             | PRIMARY REG. DIST. NO. <b>3036</b>                                                                                                          |                                                                      | Registrar's No. _____                                                            |                                          |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> |                                                                      |                                                                                  |                                          |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>                                                                                                                                                                                       |  | c. LENGTH OF STAY (In this place) <b>44yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>                                                  |                                                                      | 0531<br>0                                                                        |                                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>****603 Morgan</b>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | d. STREET ADDRESS (If rural, give location) <b>603 Morgan</b>                                                                               |                                                                      |                                                                                  |                                          |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>DELLA</b> b. (Middle) <b>MAE</b> c. (Last) <b>MEANS</b>                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1955</b> |                                                                                                                                             |                                                                      |                                                                                  |                                          |
| 5. SEX / <b>Female</b>                                                                                                                                                                                                                                                           |  | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                                                       |                                                                      | 8. DATE OF BIRTH <b>May 23, 1888</b>                                             |                                          |
| 9. AGE (In years last birthday) <b>66</b>                                                                                                                                                                                                                                        |  | IF UNDER 1 YEAR Months _____ Days _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | IF UNDER 2 HRS. Hours _____ Min. _____                                                                                                      |                                                                      |                                                                                  |                                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10b. KIND OF BUSINESS OR INDUSTRY <b>****</b>               |                                                                                                                                             | 11. BIRTHPLACE (State or foreign country) <b>Millersburg, Iowa /</b> |                                                                                  | 12. CITIZEN OF WHAT COUNTRY? <b>USA.</b> |
| 13a. FATHER'S NAME <b>John Tinkle</b>                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13b. MOTHER'S MAIDEN NAME <b>Emma Ratter</b>                |                                                                                                                                             | 14. NAME OF HUSBAND OR WIFE <b>Homer E. Means</b>                    |                                                                                  |                                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                                                      |  | 16. SOCIAL SECURITY NO. <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Homer E. Means, Aurora, Missouri</b>                                                           |                                                                      |                                                                                  |                                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                             |                                                                                                                                             |                                                                      |                                                                                  |                                          |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                           |  | 19b. MAJOR FINDINGS OF OPERATION <b>4201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                             |                                                                      | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                          |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>                                                                                                                                                                                                                               |  | 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 <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 <b>4/24</b> , 19 <b>55</b> , to <b>4/25</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4/24</b> , 19 <b>55</b> , and that death occurred at <b>10:00</b> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                             |                                                                      |                                                                                  |                                          |
| 23a. SIGNATURE <b>R. L. Lowman</b>                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | 23b. ADDRESS <b>Aurora, Mo.</b>                                                                                                             |                                                                      | 23c. DATE SIGNED <b>4/25/55</b>                                                  |                                          |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                          |  | 24b. DATE <b>4/26/55</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>                                                                               |                                                                      | 24d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>            |                                          |
| DATE REC'D BY LOCAL REG. <b>April 25, 1955</b>                                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Erwin P. Arnold</b>                                                                                     |                                                                      | ADDRESS <b>Aurora, Mo.</b>                                                       |                                          |

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

JUN 21 1955

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 James R. Crafton

Licensed Embalmer No. 4668

P. O. Address Avoca, 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.