

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14191

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. 274 | | PRIMARY REG. DIST. NO. 3052 | | Registrar's No. 191 | |
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. LENGTH OF STAY (in this place) 23 yrs. | | c. CITY OR TOWN Sedalia | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 915 Crescent Drive | | | | STREET ADDRESS (If rural, give location) 915 Crescent Drive 08040 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) LIZZIE | | b. (Middle) LUCILLE | | c. (Last) AARONS | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | April 15, 1956 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 29, 1872 | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months Days Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 13a. FATHER'S NAME Hugh Carver | | 13b. MOTHER'S MAIDEN NAME Adeline Humphrey | |
| 13c. NAME OF HUSBAND OR WIFE Alex Aarons (Deceased) | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 15. SOCIAL SECURITY NO. None | | 16. INFORMANT'S SIGNATURE OR NAME Mrs. Tom E. Ware, Sedalia, Mo. | |
| 17. 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) Chronic myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Osteoarthritis | | 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"/> | | 443x | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| I hereby certify that I attended the deceased from 8-11, 1956, to 4/15, 1956, that I last saw the deceased alive on 4/14, 1956, and that death occurred at 11-12 m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE W. B. Boyer | | (Degree or title) | | 23b. ADDRESS Sedalia Mo | | 23c. DATE SIGNED 4/16/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/17/1956 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) Sedalia, Mo. | |
| DATE REC'D BY LOCAL REG. 4-17-56 | | REGISTRAR'S SIGNATURE L. W. Cooney, Reg. | | 25. FUNERAL DIRECTOR'S SIGNATURE L. W. Cooney | | ADDRESS SEDALIA, MO. | |

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

JULIETTE TONERAL HOME

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. 52
working under my personal supervision..

Student. Clifford Gouge
Signature of Student Embalmer

Signed. W. H. Weckert

Licensed Embalmer No. 347

P. O. Address SEDALIA

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