

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31308**

0582  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield,</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>	c. CITY OR TOWN <u>Bucklin,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Rural Route (east)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) Aldinger c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1956

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Nov. 21, 1889 9. AGE (In years) (Months) (Days) 66 10 12 IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours

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 11. BIRTHPLACE (City and State or Foreign Country) Lone Tree, Iowa 12. CITIZEN OF WHAT COUNTRY? U.s.a.

13a. FATHER'S NAME George W. Yocum 13b. MOTHER'S MAIDEN NAME Nancy Jane Parrish 14. NAME OF HUSBAND OR WIFE John C. Aldinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Ervie, Marceline, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Relapsed Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days  
 ANTECEDENT CAUSES DUE TO (b) Congestive heart failure 3 years  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (c) Surgeon's Tuberculosis 3 years  
 II. OTHER SIGNIFICANT CONDITIONS Rheumatic valvular heart dis. 50 yrs  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 414 X

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 8/15, 1947, to 10/3, 1956; that I last saw the deceased alive on 10/3, 1956, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Bohman M.D. 23b. ADDRESS Brookfield Mo. 23c. DATE SIGNED 10/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 5, 1956 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery, 24d. LOCATION (City, town, or county) (State) Bucklin, Missouri

DATE REC'D BY LOCAL REG. 10-5-56 REGISTRAR'S SIGNATURE Katharine Johnson Dep. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Bucklin, Mo. By E. J. Larson

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

167

---

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.....  
Signature of Student Embalmer

Signed..... *C. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.