

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017960
State File No.

FILED MAY 20 1958

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 37

0440
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OREGON</u>		c. LENGTH OF STAY (In institution) <u>20 DAYS</u>	c. CITY OR TOWN <u>Bigelow</u> <u>0440</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROWNE NURSING HOME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HEME</u> b. (Middle) <u>ADEN</u> c. (Last) <u>ADEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 10, 1875</u>
9. AGE (In years) (Months) (Days) <u>82</u>	10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON CO., NEB.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICKLET ADEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA OTTE</u>	
14. NAME OF HUSBAND OR WIFE <u>MIKE ADEN, Bigelow, Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MIKE ADEN, Bigelow, Mo.</u>	
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) <u>Lobar pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>490X</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bigelow, Holt, MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>2 P.M.</u>	
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 <u>May 7, 1958</u> to <u>May 11, 1958</u> , that I last saw the deceased alive on <u>May 11, 1958</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F E Hogan</u>		23b. ADDRESS <u>123 Mound City, MO</u>	
23c. DATE SIGNED <u>May 13 58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5/13/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ann Crawford</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>5-13-1958</u>		ADDRESS <u>Mound City, Mo.</u>	

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 *James Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Proulx City,*

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.