

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 140 Primary Registration District No. 5546 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Franklin Township Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Franklin		Length of stay in 1b 5 years	d. STREET ADDRESS (If outside, give location) Rt. 1 Franklin Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Aaron Middle Lee Last Loser			4. DATE OF DEATH Month Feb. Day 21 , Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18, 1894
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter retired	11. BIRTHPLACE (City and state or country) Aldrich, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jeremiah Loser	13b. MOTHER'S MAIDEN NAME Lary Gains
14. NAME OF HUSBAND OR WIFE Tone		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes War I	16. SOCIAL SECURITY NO. 551-30-3403
17. INFORMANT Address Russell Miller Rt. 1, Franklin, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerosis. Chronic DUE TO (c) yes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Franklin		COUNTY Howard STATE Missouri	
21. I attended the deceased from 2-21-59 to 2-21-59 and last saw ^{her} him Aaron 2-21-59 Death occurred at 4:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Bloom M.D.		22b. ADDRESS Franklin Mo	
22c. DATE SIGNED 2-21-59		23. NAME OF CEMETERY OR CREMATORY Boonesboro Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 23, 59	
23c. LOCATION (City, town, or county) Boonesboro, Missouri.		24. FUNERAL DIRECTOR Larkland - Hall	
24. ADDRESS Franklin, Mo.		25. DATE RECD. BY LOCAL REG. 2-21-59	
26. REGISTRAR'S SIGNATURE Mary K. Shell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature when reporting cause of death. All diseases in Part I must be causally related.

VS
MAR 6
1954

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 Tom D. Markland

Licensed Embalmer No. 4592
P. O. Address New Franklin

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.