_	Dr. Overend	THE DIVISION OF HEALT STANDARD CERTIFICA	TE OF DEATH	59-01 STATE FILE	7304 NUMBER	
Ш	FR. IIIN 151959Registration Dist	rict No. /28 Pri	28 Primary Registration District No.		2600 Registrar's No. 572	
1	I. PLACE OF DEATH  a. COUNTY  GREENE		2. USUAL RESIDENCE (W	here deceased lived. If institution  B. COUNTYGREEI	n: Residence before NE	
	b. CITY (If outside corporate limits, give TOWN SPRINGFIELD	TOWNSHIP only) Inside Limits Yes X No	10/14	GFIELD	Inside Limits Yes X No	
0	c. FULL NAME OF (If NOT in hospital, gi HOSPITAL OR BURGE HOS INSTITUTION		oss d. STREET o ADDRESS 215	(If outside, give location) 8 N. TRAVIS	Reside on Farm Yes No X	
3.	3. NAME OF DECEASED First (Type or print) TERRY	Middle LEE	Last AITKEN		1959	
	S. SEX 6. COLOR OR RACE ALE 6 WHITE	7. MARRIED NEVER MARRIED X  WIDOWED DIVORCED	8. DATE OF BIRTH MAY 30 1959	9. AGE (In years IF UNDER 1) Jast birthday) Months Da	YEAR IF UNDER 24 HRS	
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state SPRINGFIELD.		OF WHAT COUNTRY?	
130	EDWARD AITKEN	136. MOTHER'S MAIDEN NA INA SWEGA		14. NAME OF HUSBAND OR WIFE		
15- (Y	(**, NO DECEASED EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO.	17. INFORMANT Address EDWARD AITKEN SPRINGFIELD, MO.		D, MO.	
	18. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	·	ch i Delu		ITERVAL BETWEEN DISET AND DEATH	
CATION	Conditions, if any, which gave rise to above couse (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDI	Conquital Tions CONTRIBUTING TO DEATH but	aganglionic	bstruction  Megacolon  ordition given in PART I (a)  7562	9 days  9 days  19. WAS AUTORSY PERFORMED?	
CERTIFI	20-a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury		YES NO 🗌	
MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.					
	20d. INJURY OCCURRED WHILE AT NOT WHILE Garm, factory, street, office bldg., etc.)  20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE					
	21. I attended the deceased from 6-7-59, to 6-8-59 and last say her live on 6-8-59.  Death occupred at 1. P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
	22a. SIGNATURE	(Degree of title) M.D.	Springtie	ld Mo	22c. DATE SIGNED 6-9-59	
	BURIAL, CREMATION, 235. DATE BURIAL (Specify) 6/10/59	23c. NAME OF CEMETERY OR GREENLAWN	_	CATION (City, town, or county) PRINGFIELD, MO	(State)	
24.	77	INGFIELD, MO (Licensed Embelmer's Sto	-10-59	6. REGISTRARIS SIGNATURE	nella	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

, , , , , , , , , , , , , , , , , , , ,	
working under my personal supervision.	
Student	Signed HX MMC Com
Signature of Student Embalmen	
	Licensed Embalmer No.
	P. O. Address Dan Joseph
Note: The shows MIST DE SIGNE	D BY THE LICENSED EMBALMER in his OWN HANDWRYTING. (Failure
Note. The above MOST DE SIGNE	b bi the licensed embalmen in ins own handwarfing. (I andie

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.