

## FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 7 1960

60-010740

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 5

ENDED

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Springs</b>		c. CITY OR TOWN <b>Willow Springs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Rt#2</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Henry AITKEN</b>		4. DATE OF DEATH Month Day Year <b>April 1, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/10/86</b>
9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>5 21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Dunavant, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John L. Aitken</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret McCrea</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>495-09-6345</b>		17. INFORMANT <b>Lyle Aitken, Willow Springs, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year	
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		COUNTY STATE	
21. I attended the deceased from <b>Dec. 1959</b> to <b>4/1/60</b> and last saw him alive on <b>3/14/60</b> . Death occurred at <b>Approx. 5 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James L. Coffey MD</b>		22b. ADDRESS <b>Willow Springs, Mo.</b>	
22c. DATE SIGNED <b>4/2/60</b>		23a. BURNAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>4/2/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Liberty, Mo.</b>		23e. DATE REGD. BY LOCAL REG.	
23f. REGISTRAR'S SIGNATURE <b>Marshall Ballard</b>		24. FUNERAL DIRECTOR <b>Burns Funeral Home, Willow Spgs., Mo</b>	
24. ADDRESS <b>3/2/1960</b>		25. DATE REGD. BY LOCAL REG.	

(Licensed Embalmer's Statement on Reverse Side)

8 MAY 1960

# STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs

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.