

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-010741

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 2

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs, Mo.		Length of stay in 1b		c. CITY OR TOWN Willow Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route #2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) RHODA NIOMA AITKEN				4. DATE OF DEATH March 9, 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 0 Days 15 Hours Min. 		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Liberty, Neb.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Palmer				13b. MOTHER'S MAIDEN NAME Amanda Palmer				14. NAME OF HUSBAND OR WIFE John H. Aitken					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. 495-09-6345		17. INFORMANT John H. Aitken Willow Springs							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive heart disease										INTERVAL BETWEEN ONSET AND DEATH Not known			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Prob. carcinoma of Colon. Bronchopneumonia								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 Feb. 1 1960 to March 9 1960 and last saw her alive on March 8 1960 Death occurred at 3:30 PM, 3/9/60 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Type or title) Amos L Coffee MD				22b. ADDRESS Willow Springs Mo				22c. DATE SIGNED 3/10/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/11/60		23c. NAME OF CEMETERY OR CREMATORY Liberty		23d. LOCATION (City, town, or county) Liberty, Neb.		23e. (State)					
24. FUNERAL DIRECTOR Burns Willow Springs, Mo.				25. DATE RECD. BY LOCAL REG. 3/15/60		26. REGISTRAR'S SIGNATURE Marshall Bellard							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 10 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 Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.