

FILED VS MAY 2 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-018002

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lancaster</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lancaster</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>90</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jonathan</u> Middle <u>Ellsworth</u> Last <u>Aeschliman</u>				4. DATE OF DEATH Month <u>April</u> Day <u>26</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 5, 1888</u>	
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months <u>2</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (City and state or country) <u>Schuyler Co., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jonathan Aeschliman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kropf</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Crump Aeschliman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>486-34-9130</u>		17. INFORMANT <u>Alta Aeschliman, Lancaster, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>Moment</u>	
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 <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <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 <u>12-30-57</u> to <u>4-26-60</u> and last saw ^{her} him alive on <u>4-25-60</u> Death occurred at <u>4:30</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. R. Stoker</u>		(Degree or title) <u>Do. 2</u>		22b. ADDRESS <u>Lancaster, Mo.</u>		22c. DATE SIGNED <u>4-27-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-28-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arni Memorial Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lancaster Mo.</u>	
24. FUNERAL DIRECTOR <u>P.O. Fenton</u>		ADDRESS <u>Lancaster, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4.28.1960</u>		26. REGISTRAR'S SIGNATURE <u>H. R. Stoker</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 16 1967

STATEMENT BY LICENSED EMBALMER

MAY 6 1967

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, /or by / Purcell Q. Fenton....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Purcell Fenton

Licensed Embalmer No. 3705.....

P. O. Address Lancaster, Missouri.....

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.