

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029088

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 118

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1963

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Troy</u>		Length of stay in 1b <u>4 YEARS</u>	c. CITY OR TOWN <u>Silex</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Retirement Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>unknown</u>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>WALL</u> Last <u>AYDELOTT</u>		4. DATE OF DEATH Month <u>August</u> Day <u>6</u> Year <u>1963</u>	

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1/18/1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Clinton, Kentucky.</u>
10c. CITIZEN OF WHAT COUNTRY <u>U.S.-A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.-A.</u>	

13a. FATHER'S NAME <u>Jasper Newton Aydelott</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Wilhemina Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Aydelott</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Edward Aydelott</u> Address <u>6300 E. Leamore Ave. Pine Lawn, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic Heart Disease</u> DUE TO (b) <u>Infirmities of age</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 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 <u>5:15</u> a.m. p.m. Month, Day, Year <u>Aug 1963</u>		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 <u>May 3 5:50 p.m. Aug 1963</u> and last saw ^{her} him alive on <u>Aug 1963</u> Death occurred at <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>H. T. Kelley</u> (Degree or title) <u>DO.</u>	22b. ADDRESS <u>Troy Mo.</u>	22c. DATE SIGNED <u>8-7-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-8-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Troy City Cemetery Troy, Mo.</u>

24. FUNERAL DIRECTOR <u>Kemper-Marsh F.H., Troy, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-1963</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300	DATE AMENDED	AMENDED	AMENDED	AMENDED	AMENDED
Rev. 4/59					
<u>10570</u>					
<u>20570</u>					
<u>3</u>					
<u>4 0</u>					
<u>5 3</u>					
<u>6</u>					
<u>7 1</u>					
<u>8 0</u>					
<u>94200</u>					
<u>10</u>					
<u>11</u>					
<u>1286-2</u>					
<u>13 10</u>					

USE BLACK INK OR TYPEWRITER RIBBON

AUG 29 1963

AUG 30 1963

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 Joseph L. March Jr.

Licensed Embalmer No. 5105

P. O. Address Tracy, Mo.

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.