No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1951

State File No. 5222

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 116 W. Pleasant St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora 0551 0
d. STREET ADDRESS (If rural, give location): 116 W. Pleasant St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): A.
c. (Last): Likes

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 27, 1879
9. AGE (In years last birthday): 71 — If under 1 year: Months 4, Days 3 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Lawrence Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: T. J. Likes
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Alice McKinney Maude Likes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Maude Likes — **ADDRESS**: Aurora, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Failure, Subacute — 3 months
DUE TO (c) — U331

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1950 *to* Feb. 1, 1951, *that I last saw the deceased alive on* Feb 1, 1951, *and that death occurred at* 2:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth L. Kilsey (Degree or title): M.D.
23b. ADDRESS: 511 N. McDonald Ave, Aurora
23c. DATE SIGNED: Feb. 2 1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 3, 1951
24c. NAME OF CEMETERY OR CREMATORY: Aurora City Cemetery
24d. LOCATION (City, town, or county) (State): Aurora Missouri.
DATE REC'D BY LOCAL REG.: Feb. 27-51
REGISTRAR'S SIGNATURE: Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE: Owen L. Hunt — **ADDRESS**: Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 7 1957

Dist. File 351-464

Date Filed 3-7-57

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.

Signed Gene H. Parrent

Signed .....
Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Aurora, Missou

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 this body is not embalmed, fact should be so stated above.