FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5616

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 415 N 5 th street

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3. NAME OF DECEASED (Type or Print)
a. (First): Gertude
b. (Middle): B
c. (Last): Aman

4. DATE OF DEATH (Month) (Day) (Year): Feb 19 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9 1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8 Days 10 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Wadena Minn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Lovelace
13b. MOTHER'S MAIDEN NAME: Celestia Davis
14. NAME OF HUSBAND OR WIFE: Seth J. Aman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Seth J. Aman
ADDRESS: Hannibal 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) Boeck's Sarcoid — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES — DUE TO (b) Boeck's Sarcoid

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Pulmonary Hypertension — 8 months
Conditions contributing to the death but not related to the disease or condition causing death. Right Ventricular failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:35 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Green M.D.
23b. ADDRESS: 100 N 6th St. Hannibal Mo.
23c. DATE SIGNED: Feb 19 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 19 1956
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
24d. LOCATION (City, town, or county) (State): Hibbing Minn

DATE REC'D BY LOCAL REG.: 2-21-56
REGISTRAR'S SIGNATURE: Dr E M Ludeke MC Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: W Crawford Smith
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 2 4 1956
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 4 1956

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. Crawford Smith

Licensed Embalmer No. 38

P. O. Address Hermit

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