

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15430

State File No.

35
above

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Dunklin Rural</u>		c. CITY OR TOWN <u>Dunklin (Salem)</u>	
c. LENGTH OF STAY (in this place) <u>5 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Jumpkin</u> c. (Last) <u>Aldridge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 29, 1873</u>
9. AGE (in years last birthday) <u>75</u>	10. UNDER 1 MONTH <u>5</u>	11. UNDER 1 YEAR <u>24</u>	12. UNDER 2 yrs. Hours Min. _____
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 <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Gloss O'Neil Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Charita Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>Marenda Aldridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or date of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Lewist Smith</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resulting from broken hip</u>			89030 20
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lip broken from a fall</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salem Dunklin Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1, 49 4P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped on grass</u>	<u>35</u>
22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> , to <u>May 23, 1949</u> , that I last saw the deceased alive on <u>22 May, 1949</u> , and that death occurred at <u>4P</u> m., from the causes and on the date stated above. <u>Yes</u>			
23a. SIGNATURE (Degree or title) <u>Robert E. Martin M.D. U.</u>		23b. ADDRESS <u>Dunklin Mo</u>	23c. DATE SIGNED <u>5-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunklin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dunklin Mo</u>
DATE REC'D BY LOCAL REG. <u>6-1-49</u>	REGISTRAR'S SIGNATURE <u>Mrs J. H. Lanier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. Lanier</u>	ADDRESS <u>Dunklin Mo</u>

RECEIVED

District Health Office No. 2,

District File Number 642-651

Date Filed 6-2-49

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
Student Embalmer

Signed *A. Mansford*.....

Licensed Embalmer No. 4466.....

P. O. Address *Swartz, 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 this body is not embalmed, fact should be so stated above.