

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22800

FILED JUL 20 1949

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi. North Strasburg</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. North of Strasburg, Mo</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Loren</u> c. (Last) <u>Aldridge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1876</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Near Strasburg, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Aldridge</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth West</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Aldridge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Aldridge</u> ADDRESS <u>Strasburg, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic-Regurgitation</u></u> <u>2. ANTECEDENT CAUSES</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) <u>Arterio-Sclerosis</u></u> <u>DUE TO (c) _____</u> <u>II. OTHER SIGNIFICANT CONDITIONS</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr.</u>	
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) (Min.) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr.</u> , 19 <u>49</u> , to <u>July 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>49</u> , and that death occurred at <u>10A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Beckman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Strasburg Mo</u>	23c. DATE SIGNED <u>7/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 13, 1949</u>	REGISTRAR'S SIGNATURE <u>Russa J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Kramfield</u> ADDRESS <u>Pleasant Hill</u>	

(Licensed Embalmer's Statement on Reverse Side)

7mo.

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..... *Glen H. Hill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Pleasant Hill, 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.