

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7443

State File No.

| | | | | | | | |
|---|--|---|---|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>13</u> | | PRIMARY REG. DIST. NO. <u>5058</u> | | Registrar's No. <u>11</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Monett Twp.</u> | | c. LENGTH OF STAY (In this place) <u>years</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Monett - R.E.D.</u> | | 0050 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Samuel Ellis Aldridge</u> | | | a. (First) <u>Samuel</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Aldridge</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1951</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>11-7-1891</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 YEAR Hours Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Harvey Aldridge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Wise</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gertie Aldridge</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>495-03-8232</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gertie Aldridge-Monett, Missouri</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>?</u> <u>444X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 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>3-15</u> , 19 <u>48</u> , to <u>3-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>51</u> , and that death occurred at <u>3:54</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Frank R. Perry M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Monett Mo.</u> | | 23c. DATE SIGNED <u>3-12-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-12-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mano Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-20-51</u> | | REGISTRAR'S SIGNATURE <u>W. M. Weston</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Kerst</u> ADDRESS <u>Barryville, Mo.</u> | | | |

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED, MAR 24 1951

Dist. File: 251-629

Date Filed: 3-24-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul D. Venbest

Signed
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Parisville, 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.