

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7542

346

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 3316 Sacramento St.			
3. NAME OF DECEASED (Type or Print) Olive		a. (First)		b. (Middle) Aldrich		c. (Last)	
4. DATE OF DEATH		March 28 1951		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH August 14, 1880		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (State or foreign country) Weatherby, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James C. Hudson		13b. MOTHER'S MAIDEN NAME Fannie Oldham	
14. NAME OF HUSBAND OR WIFE Clarence Aldrich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. B. S. Boyce, Fort Sill, Oklahoma	
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) Cerebral hemorrhage + his ANTECEDENT CAUSES Arteriosclerosis over 14 yr. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension over 1 yr. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x	
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 <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 1-22-51, 1951, to 3-21, 1951, that I last saw the deceased alive on 3/18, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Creston Smith M.D.	
23b. ADDRESS 218 7th St. Joseph, Mo		23c. DATE SIGNED 3/28/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/51	
24c. NAME OF CEMETERY OR CREMATORY Weatherby Cemetery		24d. LOCATION (City, town, or county) Weatherby Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman Funeral Hl. Joseph, Mo		25. ADDRESS Home	
DATE REC'D BY LOCAL REG. April 2, 1951		REGISTRAR'S SIGNATURE Carl C. Cash		446		5	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1951

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.