

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29894

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Brunswick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Brunswick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> <u>0352</u>	
c. LENGTH OF STAY (In this place) <u>75 years</u>		d. STREET ADDRESS (If rural, give location) <u>Box 406</u>	
d. FULL NAME OF DECEASED (Type or Print) <u>JAMES HENRY ALDRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-10-1854</u>
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Cape County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clude Aldridge</u> ADDRESS <u>Kennett MO</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>Chronic Heart Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>all compensatory changes</u> 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 ☐ NO ☒		4343	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 10, 1951</u> , to <u>Sept 21, 1951</u> , that I last saw the deceased alive on <u>Sept 20, 1951</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Baldwin M.D.</u>		23b. ADDRESS <u>Kennett MO</u>	
23c. DATE SIGNED <u>9-25-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emmer</u> ADDRESS <u>Janetka</u>	
DATE REC'D BY LOCAL REG. <u>9-25-1951</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hunsbarger</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-26-51

COUNTY FILE NUMBER 951-264

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 *W. T. Emerson*

Licensed Embalmer No. 9512

P. O. Address *Parisboro*

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.