

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

277794

State File No. _____

Registrar's No. 790

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5459		State File No. _____		Registrar's No. 790					
1. PLACE OF DEATH a. COUNTY Greene 0390				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene 0390									
b. CITY (If outside corporate limits, write RURAL and give township) Bois D' Arc RFD#1			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) Bois D' Arc RFD#1			d. STREET ADDRESS (If rural, give location) Bois D' Arc RFD#1				
d. FULL NAME OF HOSPITAL OR INSTITUTION Bois D' Arc RFD#1				3. NAME OF DECEASED a. (First) EDITH (Type or Print)		b. (Middle) M.		c. (Last) ALDRICH		4. DATE OF DEATH (Month) (Day) (Year) August 25 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 24 Aug. 1866		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Ohio			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Lewis Cutshaw				13b. MOTHER'S MAIDEN NAME Molly Meeker				14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Spencer RFD#1 Bois D' Arc, Mo.							
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility and Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Gastric Sarcoma 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 3 mos. 3 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 June , 19 52 , to Aug 25 , 19 52 , that I last saw the deceased alive on Aug 25 , 19 52 , and that death occurred at 10:00 a. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Homer F. Metz, M.D.				23b. ADDRESS Ashe Grove, Missouri				23c. DATE SIGNED 8-25-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-27-52		24c. NAME OF CEMETERY OR CREMATORY Clearcreek Cemetery			24d. LOCATION (City, town, or county) (State) Greene County Mo.						
DATE REC'D BY LOCAL REG. 8-25-52		REGISTRAR'S SIGNATURE Earl Williamson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Klingner & Co. Springfield, Mo.								

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ogden Stone Jr*

Licensed Embalmer No. 4176

P. O. Address Springfield

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.