

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38252**

FILED NOV 17 1952

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

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Lima, Ohio</u> b. COUNTY <u>Belmont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helen Keys Home.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lima</u> <u>8340</u>	
		d. STREET ADDRESS (If rural, give location) <u>414 So. Pine</u> <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>May</u> c. (Last) <u>Aldrich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11.10.1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>	8. DATE OF BIRTH <u>9.5.1868</u>
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Belmont Co. Ohio</u> <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John M. Mussard</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Biggs</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles N. Aldrich</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>Helen Keys. King City Mo.</u>		ADDRESS <u>King City 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>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		<u>334X</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) _____		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>JAN</u> , 19 <u>51</u> , to <u>NOV 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>NOV 10</u> , 19 <u>52</u> , and that death occurred at <u>12 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack G. Barnes D.D.</u> (Degree or title)		23b. ADDRESS <u>King City, Mo</u>	
23c. DATE SIGNED <u>11-10-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipper</u>		24b. DATE <u>11.12.1952</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lima Ohio.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 11-1952</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>n.G. Taggart</u>		ADDRESS <u>King City Mo.</u>	

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 R. G. Taggart _____

Licensed Embalmer No. 28583 2563 _____

P. O. Address King City 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.