

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH1897  
State File No. 3371338

JAN 27 1953

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 2110001	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) 56yrs		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		d. STREET ADDRESS (If rural, give location) 505 North Roane St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 505 North Roane St.							
3. NAME OF DECEASED (Type or Print) HANNAH		a. (First) CAROLINE		b. (Middle) ALDRIDGE		c. (Last)	
4. DATE OF DEATH January 22, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 16, 1863		9. AGE (In years last birthday) 89		10. MONTHS 8		11. DAYS 6	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE J.T. Aldridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Ella May Aldridge		ADDRESS Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Influenza and age 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X				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) (Min)		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, 1953, to 1-22, 1953, that I last saw the deceased alive on 1-22, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. 2 Webb City, Mo.		23b. ADDRESS		23c. DATE SIGNED 1-22-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 1-23-1953		REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/92

Date Filed 1-26-53

FEB 26 1953

AUG 13 1953

JUL 22 1953  
NS  
FEB 10 1953

### 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

*Richard Gray Lewis*

Licensed Embalmer No. 4405

P. O. Address Webb 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.