

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19042**

FILED MAY 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>1201</b>		PRIMARY REG. DIST. NO. <b>6042</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Varner TWSP.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Varner TWSP.</b>			
c. LENGTH OF STAY (in this place) <b>4 1/2 years.</b>				d. STREET ADDRESS (If rural, give location) <b>11 Mi. S.E. of Doniphan, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>11 Mi. S.E. of Doniphan, Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>11 Mi. S.E. of Doniphan, Mo.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Jesse</b>		b. (Middle) <b>Robert</b>		c. (Last) <b>Aldridge.</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>6</b>		(Year) <b>1953.</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>white.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married.</b>	8. DATE OF BIRTH <b>Nov. 1, 1889.</b>	9. AGE (In years last birthday) <b>63.</b>	10. MONTHS <b>5</b>	11. DAYS <b>10</b>	12. HOURS <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cape County Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>(unknown) Aldridge</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown.</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Lee Aldridge.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>383-01-5067</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Indell D. Aldridge.</b> ADDRESS <b>Doniphan, Mo.</b>			
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) <b>cerebral hemorrhage.</b> ANTECEDENT CAUSES DUE TO (b) <b>mitral regurgitation.</b> DUE TO (c) <b>and myo cordial degeneration.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Varner town, Ripley, Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>---</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none.</b>					
22. I hereby certify that I attended the deceased from <b>April 15, 1953</b> , to <b>May 6, 1953</b> , that I last saw the deceased alive on <b>May 4, 1953</b> , and that death occurred at <b>11:16 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. E. White, M.D.</b>				23b. ADDRESS <b>Doniphan, Mo.</b>		23c. DATE SIGNED <b>5/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>MAY 7, 1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Doniphan City Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Doniphan, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>5-21-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Means.</b>		ADDRESS <b>Doniphan, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.