

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16826

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>184</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SEDALIA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1223 East 9th St.</u>				e. STREET ADDRESS (If rural, give location) <u>1223 East 9th St.</u> <u>0808</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u>		b. (Middle) <u>KELLEY</u>		c. (Last) <u>ALDRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 5, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Sowash</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Withers Aldridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-18-5286</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Daisy Aldridge, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u> <u>2 yr.</u> <u>2 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>f201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>May 14, 1954</u>		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>Aug. 1947</u> , to <u>May 14, 1954</u> , that I last saw the deceased alive on <u>May 14, 1954</u> , and that death occurred at <u>11:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. H. Saunders D.O.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>5/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/17.54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE RECD BY LOCAL REG. <u>5/17/54</u>		REGISTRAR'S SIGNATURE <u>Laurie Boone Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed..... *P. E. Baker*

Licensed Embalmer No. *241*

P. O. Address *Seaside*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.