

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **68****17609**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 1 Day		c. CITY OR TOWN Sikeston		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 220 Dixie St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Curtis		b. (Middle) Ray		c. (Last) Aldridge	
4. DATE OF DEATH		(Month) 5		(Day) 4		(Year) 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 4-27-1954		9. AGE (In years last birthday) 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY O		11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leon Aldridge		13b. MOTHER'S MAIDEN NAME Willie B. Cunningham		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Berry, Sikeston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus Neonatorum 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.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 061X				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-2 , 1954, to 5-4 , 1954, that I last saw the deceased alive on 5-4 , 1954, and that death occurred at 11:12 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE G. S. Walter, M.D.				23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 5-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri	
DATE REC'D BY LOCAL REG. 5-14-54		REGISTRAR'S SIGNATURE Wm. E. Hunter 424-0		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Sikeston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 17 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 224-101

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 Body Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.