

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21913**

BIRTH NO. _____		REG. DIST. NO. <u>370</u> <sup>369</sup>		PRIMARY REG. DIST. NO. <u>6253</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <b>Wayner</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Williamsville</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Williamsville</b>		<b>1110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 2</b>				d. STREET ADDRESS (If rural, give location) <b>Route 2</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bee</b>		b. (Middle) <b>William</b>		c. (Last) <b>Aldridge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 25, 1874</b>	
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-03-6082</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ely Aldridge, Williamsville 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.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Leaving heart failure</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Enter above</i>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  3. REMARKS DUE TO OTHER CAUSES  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH			
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) (Minute) <b>m.</b>		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>June 15, 1954</u> , to <u>June 18, 1954</u> , that I last saw the deceased alive on <u>June 18, 1954</u> , and that death occurred at <u>1 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> <b>MD</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Williamsville</b>		24d. LOCATION (City, town, or county) (State) <b>Williamsville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 5 1954</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Greer Croy &amp; Fitch Poplar Bluff Mo</b>			

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

RECEIVED  
JUL 9 1954  
WAYNE CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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

*Wallace N. Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Poplar Bluff, 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.