

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16083

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 9

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY MORGAN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOVER | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOVER 0710 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION STOVER MO | | d. STREET ADDRESS (If rural, give location) STOVER MO | |

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|-------------------------------------|---------------------|---------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | (First) RUBY | (Middle) RAY | (Last) ALDERMAN | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1955 |
|-------------------------------------|---------------------|---------------------|------------------------|---|

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|----------------------|-------------------------------|--|---------------------------------------|---|---------------------------|---------------------------|
| 5. SEX FEMALE | 6. COLOR OF RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MARCH 30 1889 | 9. AGE (In years last birthday) 66 | 10. UNDER 1 YEAR 2 | 11. UNDER 1 WEEK 5 |
|----------------------|-------------------------------|--|---------------------------------------|---|---------------------------|---------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (State or foreign country) FAYETTE COUNTY TEXAS | 12. CITIZEN OF WHAT COUNTRY? US. |
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| 13a. FATHER'S NAME JOHN BLACKBURN | 13b. MOTHER'S MAIDEN NAME ELLEN TAYLOR | 14. NAME OF HUSBAND OR WIFE W.G. ALDERMAN |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME W.G. ALDERMAN | ADDRESS STOVER MO |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation | | INTERVAL BETWEEN ONSET AND DEATH 30 MIN |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A haematuric heart disease | | |
| | DUE TO (c) 5 yrs | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unmarried status arthritis | | 5 yrs | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 8:55 ¹⁹⁵⁵ to June 5, 1955, that I last saw the deceased alive on 6-5, 1955, and that death occurred at 8:55 p. m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) V.L. Washburn M.D. | 23b. ADDRESS Versawler Mo. | 23c. DATE SIGNED 6/6/55 |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JUNE 8 1955 | 24c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY | 24d. LOCATION (City, town, or county) (State) STOVER MO. |
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| DATE REC'D BY LOCAL REG. June 10 1955 | REGISTRAR'S SIGNATURE Am. L. Ripberger | 25. FUNERAL DIRECTOR'S SIGNATURE J. K. Stevinson | ADDRESS Stover Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

110
1

JUL 25 1955

JUL 1 1955

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 _____

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.