

No. 300
10-48
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FILED NOV 16 1955

STANDARD CERTIFICATE OF DEATH

4476 State File No. 39375
4476 Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If located in another State, County, or City or Town, give location.) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>	c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY OR TOWN <u>Downing</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Marion</u> c. (Last) <u>Aldridge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1955</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>March 28, 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Fletcher</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Aldridge</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Aldridge, Downing, 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>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured gallbladder</u>		1 month	
		DUE TO (c) <u>Cholecystitis</u>		months	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>585X</u>			

19a. DATE OF OPERATION <u>Sept. 17, 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured gallbladder with fistula into stomach cavity</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	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 Feb. 22, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 7, 1955, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Stoker</u>		23b. ADDRESS <u>NO. Lancaster, Mo.</u>		23c. DATE SIGNED <u>Nov. 9, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 9-55</u>	REGISTRAR'S SIGNATURE <u>W. H. Stoker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moore Funeral Home, Downing, 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 *Neal Payne*.....
Licensed Embalmer No. *255*

P. O. Address *Memphis*.....

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.