

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3477

State File No.

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6090</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Sweet Springs</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>37 yrs</u>		STREET ADDRESS (If rural, give location) <u>9 miles N.E. of Sweet Springs</u>		c. CITY OR TOWN <u>Sweet Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles N.E. of Sweet Springs</u>				STREET ADDRESS (If rural, give location) <u>9 miles N.E. of Sweet Springs</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First) <u>SARAH</u>		b. (Middle) <u>Bebbeca</u>		c. (Last) <u>Aldridge</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		8. DATE OF BIRTH <u>June 23, 1869</u>		9. AGE (in years last birthday) <u>86</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>near Sweet Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		IF UNDER 1 YEAR Months Days Hours Min		IF UNDER 1 HRS. Hours Min	
13a. FATHER'S NAME <u>Henry C. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Diane Yeager</u>		14. NAME OF HUSBAND OR WIFE <u>Pleasant Aldridge</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pleasant Aldridge</u>		ADDRESS <u>Sweet Springs Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>		2. ANTECEDENT CAUSES (b) <u>Coronary heart failure</u>		3. DUE TO (c) <u>Arteriosclerotic accident 2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>331x</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>12/23</u> , 19 <u>55</u> , to <u>Jan 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 5</u> , 19 <u>56</u> , and that death occurred at <u>8:15 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. C. Hall, M.D.</u>		23b. ADDRESS <u>Sweet Springs Mo</u>		23c. DATE SIGNED <u>1/6/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 7 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 6, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Masley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elyon L. Masley</u>		ADDRESS <u>Sweet Springs Mo</u>	

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.....

Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Swat Spm

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.