

000  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

872

FILED JAN 24 1957

STATE FILE NUMBER

Registration District No. 115 Primary Registration District No. 5433 Registrar's No. \_\_\_\_\_

2361

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>UNION</b>		c. CITY OR TOWN <b>UNION</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS <b>R. R.</b>	
Length of stay in lb <b>22 years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>L.</b> Last <b>ALDRICH</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>20</b> Year <b>1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 4, 1875</b>	9. AGE (In years (of birthday)) <b>81</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>ROLLA, MO.</b>	
13. FATHER'S NAME <b>LAYMAN ALDRICH</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
14. MOTHER'S MAIDEN NAME <b>SUSUE SPRADLING</b>			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>NONE</b>		17. INFORMANT <b>LOUISA ALDRICH</b> Address <b>UNION, MO.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1950 to 1-20-57 and last saw <sup>her</sup>him alive on 1-19-57  
Death occurred at 5:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm. Leung M.D.</u> (Degree or title)	22b. ADDRESS <u>Union Mo</u>	22c. DATE SIGNED <u>1-22-57</u>
---	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN. 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>UNION MO.</b>
24. FUNERAL DIRECTOR <u>E. F. Altman Union Mo.</u>	25. DATE RECD. BY LOCAL REG. <b>JAN-23-57</b>	26. REGISTRAR'S SIGNATURE <u>W T Cooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. F. Altman* .....

Licensed Embalmer No. *163*

P. O. Address *Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.