

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5614

BIRTH NO.		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 4362		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Morehouse		c. LENGTH OF STAY (in this place) 42 years		c. CITY (If outside corporate limits, write RURAL and give township) Morehouse		0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) Benjamin Thomas Aldridge				4. DATE OF DEATH (Month) (Day) (Year) 2/12/1957			
5. SEX Male		6. COLOR OR RACE Cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/1/1887	
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Reeves, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Jim Aldridge		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ida Aldridge			
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 ADDRESS Ida Aldridge Morehouse, Mo.			
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) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? one year?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X				20. AUTOPSY? YES ☐ NO ☒	
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) Dexter, Mo.		21d. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from 1-15, 1957, to —, 19—, that I last saw the deceased alive on 1-15, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. D. Urban M.D.				23b. ADDRESS St. Keaton		23c. DATE SIGNED 2/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/1957		24c. NAME OF CEMETERY OR CREMATORY Hagy cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 2-25-57		REGISTRAR'S SIGNATURE Kathryn L. McBain		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1957

DATE RECEIVED MAR 4 1957
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Septon, 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.