

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9588

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>156</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>13 yrs</u> | | c. CITY OR TOWN <u>Sedalia</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1300 West 10th</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1300 West 10th</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> | | b. (Middle) <u>S.</u> | | c. (Last) <u>Aldredge</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1957</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>July 13, 1885</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Building</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John C. Aldredge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Sowash</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillie Withers</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-03-4288</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nrs. Lillie Aldredge, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Fibrosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>2</u> 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) <u>4201</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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>1/87</u> , 19 <u>27</u> , to <u>3/9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/9/</u> , 19 <u>57</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. L. Hobbs</u> | | 23b. ADDRESS <u>1326 W. 10th St. Sedalia, Mo.</u> | | 23c. DATE SIGNED <u>3/10/57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/11/57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3/11/57</u> | | REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss E. E. Ewing</u> | | ADDRESS <u>Sedalia, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

541

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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seclalia*

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.