

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41439**

FILED NOV 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **211**

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Phelps</b>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b> |                              |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b> |  | c. LENGTH OF STAY (in this place) <b>3 mo.</b>   | c. CITY OR TOWN <b>Salem</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>             |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |                              |
| e. STREET ADDRESS <b>709 West A Ave.</b>  |  | 33/2   |                              |

|   |                       |                           |   |
|---|-----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>EMMA</b> | b. (Middle) <b>E.</b> | c. (Last) <b>ALDRIDGE</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOV 14 1957</b> |
|---|-----------------------|---------------------------|---|

|                      |                               |   |                                     |   |   |   |
|----------------------|-------------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Sept 2 1882</b> | 9. AGE (in years by birthday) <b>75</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|---|---|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|--|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Charles Hatcher</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Edw. Aldridge (Decd)</b> |
|---|--|---|

|   |                                     |   |                           |
|---|-------------------------------------|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>John Ragan</b> | ADDRESS <b>Salem, Mo.</b> |
|---|-------------------------------------|---|---------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>9 Mo.</b> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Ca of lung.</b>   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ |  |   |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                     |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <b>2</b><br>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) (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 **9-13, 1957**, to **11-14, 1957**, that I last saw the deceased alive on **11-13, 1957**, and that death occurred at **1:30 A m.**, from the causes and on the date stated above.

|  |                                |                                  |
|--|--------------------------------|----------------------------------|
| 23. SIGNATURE <b>James M. Myers</b> (Degree or title) <b>MD.</b> | 23b. ADDRESS <b>Rolla, Mo.</b> | 23c. DATE SIGNED <b>11/15/57</b> |
|--|--------------------------------|----------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Nov 17 1957</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Lake Springs Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>Dent County Missouri</b> |
|---|------------------------------|---|---|

|  |  |   |                           |
|--|--|---|---------------------------|
| DATE RECD BY LOCAL REG. <b>Nov. 16, 1957</b> | REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Max L. Warfel</b> | ADDRESS <b>Salem, Mo.</b> |
|--|--|---|---------------------------|

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

312  
4

380

RECEIVED

Phelps County Health Officer;

County File Number 873

Date Filed 11/20/57

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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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.