

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043094

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No.

369

Primary Registration District No.

6257

Registrar's No.

6

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY OR TOWN PATTERSON (RURAL)	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PATTERSON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Logan Jimp.	Length of stay in 1b ✓	d. STREET ADDRESS 1110 Logan Jimp.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CONNIE Middle FAY Last ALDRICH		4. DATE OF DEATH Month SEPT. Day 13 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 21-1946
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	9. AGE (In years last birthday) 12 IF UNDER 1 YEAR: Months 7 Days 22 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) PATTERSON, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ARTHUR L. ALDRICH		13b. MOTHER'S MAIDEN NAME SUSIE M. MILLMAKER	
14. NAME OF HUSBAND OR WIFE SINGLE		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. ✓		17. INFORMANT ARTHUR ALDRICH Address PATTERSON Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 			INTERVAL BETWEEN ONSET AND DEATH instant
20a. ACCIDENT <input checked="" 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.) Miss aldritch was struck by a truck	
20c. TIME OF INJURY Hour 6:30 Month SEPT Day 13 Year 1958 p.m. 		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway F.F.		20f. CITY, TOWN, OR LOCATION Patterson COUNTY Wayne STATE Mo.	
21. I attended the deceased from , to and last saw her alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mowing E. Bowles (Degree or title) Coroner 3		22b. ADDRESS Piedmont, Mo	
22c. DATE SIGNED 11-14-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE SEPT. 16-1958		23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.	
23d. LOCATION (City, town, or county) PIEDMONT		(State) Mo.	
24. FUNERAL DIRECTOR GISH FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Nov. 15, 1958	
26. REGISTRAR'S SIGNATURE Hazel Ward			

PIEDMONT, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED
NOV 22 1958
WAYNE CO. HEALTH CENTER
FILE NO. _____

NOV 24 1958

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 *Me*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *M. E. Bowles*

Licensed Embalmer No. *4426*
P. O. Address *Piedmont*

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.