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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001640
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jackson Co. Hosp. — Length of stay in lb 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Longview Farm — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ernest Middle Albert Last Aldrich
4. DATE OF DEATH Month Day Year Jan. 24, 1959

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 27, 1887
9. AGE (In years last birthday) 71 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Jackson Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Clarence Aldrich
13b. MOTHER'S MAIDEN NAME Nancy A. McKay
14. NAME OF HUSBAND OR WIFE Katherine Aldrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. 488-36-0456
17. INFORMANT Albert Aldrich, Address RR 2, Lee's Summit, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-5-59, to 1-24-59 and last saw him alive on 1-23-59
Death occurred at 7:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip Sapen M.D.
22b. ADDRESS Lee's Summit, Mo
22c. DATE SIGNED 1-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 26, 1959
23c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery
23d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri

24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit, Missouri
25. DATE RECD. BY LOCAL REG. Jan. 26, 1959
26. REGISTRAR'S SIGNATURE N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.