

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020610

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 217

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|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Union | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Cape Girardeau Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | c. CITY OR TOWN Jonesboro Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR IN INSTITUTION Southeast Mo Hosp 6 days | | | | d. STREET ADDRESS (If outside, give location) 210 N. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Anna Elmira Aldridge | | | | 4. DATE OF DEATH Month Day Year June 19 1959 | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH May 25 1883 | |
| 9. AGE (In years last birthday) 76 | | 10. KIND OF BUSINESS OR INDUSTRY housewife | | 11. BIRTHPLACE (City and state or country) Hawsville, Ky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13. FATHER'S NAME David Hale | | | | 14. MOTHER'S MAIDEN NAME Roda Sanders | | | |
| 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 Address Paul R. Aldridge Wolf Lake, Ill | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial sclerotic heart disease DUE TO (c) arrhythmia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) gastric - toxic 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT <input 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.) | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. CITY, TOWN, OR LOCATION COUNTY STATE | | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | |
| 21. I attended the deceased from 2/27/57 to 6/19/59 and last saw her alive on 6/19/59 Death occurred at June 19 7:43 Pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) A. Kemm, M.D. | | | | 22b. ADDRESS Cape Girardeau, Mo | | | |
| 22c. DATE SIGNED 6/24/59 | | | | 22d. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6/22/59 | | 23c. NAME OF CEMETERY OR CREMATORY Walker Hill | | 23d. LOCATION (City, town, or county) (State) Grand Tower, Ill | |
| 24. FUNERAL DIRECTOR ADDRESS Bill Morris Jonesboro Mo | | | | 25. DATE RECD. BY LOCAL REG. 6-22-1959 | | 26. REGISTRAR'S SIGNATURE Irene Kasten | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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~~ Cecil Hornis, Student Embalmer No. 498 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Cecil Hornis

Licensed Embalmer No. 498

P. O. Address Jonestown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.