

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45 0 3 8

FILED VS DEC 23 1959 240

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 155

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cullen Twsp</u>		Length of stay in lb <u>1 week</u>		c. CITY OR TOWN <u>Rural Cullen Twsp</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Eagan Traylor Ct</u>			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) <u>Eagan Tr Ct Spur 66</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Norman Aldridge Jr</u>				4. DATE OF DEATH Month Day Year <u>Dec 5 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>June 30 59</u>	9. AGE (last birthday) <u>6 Mos</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Ft Belvoir Va</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles Norman Aldridge</u>			13b. MOTHER'S MAIDEN NAME <u>Darlene Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Charles N Aldridge Ft Leonard Wood Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> DUE TO (b) <u>Burning trailer</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>--</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
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.) <u>Infant was trapped in burning trailer</u>					
20c. TIME OF INJURY Hour <u>6:30 P.m.</u> Month, Day, Year <u>12 5 59</u>							
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.) <u>Residence</u>		20f. CITY, TOWN, OR LOCATION <u>Eagan Traylor Ct Waynesville Rural</u>		COUNTY STATE <u>Pulaski Mo</u>	
21. I attended the deceased <u>from 6:30 P</u> to <u>6:30 P</u> and last saw <u>him</u> on <u>12 5 1959</u> Death occurred at <u>6:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. Hedges</u> (Degree or title) <u>Cornor</u>			22b. ADDRESS <u>Richland Missouri</u>		22c. DATE SIGNED <u>12 5 59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12 8 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pomona Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pomona California</u>	
24. FUNERAL DIRECTOR <u>B. Hedges</u> ADDRESS <u>HEE L R FURE L HOMES INC CROCKETT MO</u>			25. DATE RECD. BY LOCAL REG. <u>12-7-59</u>		26. REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		

(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clarence Shocr

Licensed Embalmer No. 4896

P. O. Address Waynesville, M

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.