

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029303

FILED VS AUG 5 1960 333

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN Sikeston		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 311 W. Gladys St		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First ADA Middle ALDRICH Last ALDRICH				4. DATE OF DEATH Month 7 Day 20 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 2-10-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 5 Days 10 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) Bollinger Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANCIS M. TAILLENT		13b. MOTHER'S MAIDEN NAME Sophia E. TANKERSLEY		14. NAME OF HUSBAND OR WIFE D.J. ALDRICH			
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 Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stop Pneumonia + Cardiac Failure DUE TO (b) Resection for Carcinoma of Sigmoid Colon DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked obesity						INTERVAL BETWEEN ONSET AND DEATH 36 hrs 7 days	
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. 		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 7/9/60 to 7/20/60 and last saw her alive on 7/20/60 Death occurred at 8:47 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Maria Hue MA (Degree or title)				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 7/24/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-60		23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES		23d. LOCATION (City, town, or county) Sikeston, Mo.	
24. FUNERAL DIRECTOR Edward B. Nunnelee		ADDRESS Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. July 30-1960		26. REGISTRAR'S SIGNATURE Maria Hue	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 AUG 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Ammel

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

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