

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033970

FILED VS OCT 3 1960 43

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 518 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF,		Length of stay in 1b 1 hr.	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 DOCTOR'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) DOCTOR'S HOSPITAL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle LEE Last ALDRICH			4. DATE OF DEATH Month AUG Day 28 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT 6, 1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 20 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER & TRUCKING		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (City and state or country) PATTERSON		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME THOMAS ALDRICH		13b. MOTHER'S MAIDEN NAME MALINDA J MONTGOMERY		14. NAME OF HUSBAND OR WIFE SUSIE ALDRICH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/> Yes, <input checked="" type="checkbox"/> No, <input type="checkbox"/> Unknown		16. SOCIAL SECURITY NO. 495-16-5003	17. INFORMANT SUSIE 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:		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Penetrating Wound into Cerebral Cortex	
DUE TO (c) Automobile Accident		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) CAR ACCIDENT
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20c. TIME OF INJURY Hour 2:50 ^{5-m} _{10-m} Month, Day, Year Aug 28 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LOST CONTROL OF CAR - CAR STRUCK TREE	20f. CITY, TOWN, OR LOCATION NEAR PATTERSON	COUNTY WAYNE	STATE Mo.
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21. I attended the deceased from 8-27-60 to 8-27-60 and last saw him alive on 8-27-60 Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Frederick Johnson</i>	(Degree or title)	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 8-31-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug 30 1960	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM	23d. LOCATION (City, town, or county) PIEDMONT	(State) Mo
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24. FUNERAL DIRECTOR GISH FUNERAL HOME	ADDRESS PIEDMONT, MO.	25. DATE RECD BY LOCAL REG. 9/1/60	26. REGISTRAR'S SIGNATURE <i>R. M. Metcree</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Student _____
Signature of Student Embalmer

Signed Martin E. Soules

Licensed Embalmer No. 4420
P. O. Address Frederick

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