MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

-61-001196
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 6

RITE TUB | AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Length of stay in 1b: 1 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Mary's Hospital — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Iron
c. CITY OR TOWN: Arcadia — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): ¼ mi. west of Ironton — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First CECIL Middle FLEMMING Last ALDRIDGE
4. DATE OF DEATH: Month Jan. Day 1 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 15 1901
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor
10b. KIND OF BUSINESS OR INDUSTRY: painting
11. BIRTHPLACE (City and state or country): Glover Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Riley Aldridge
13b. MOTHER'S MAIDEN NAME: Ella Cowan
14. NAME OF HUSBAND OR WIFE: Elsie Aldridge

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.
17. INFORMANT: Elsie Aldridge, Address: Ironton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial pheumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease
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.)
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 6-13-57, to 1-1-61 and last saw her/him alive on 1-1-61
Death occurred at 6.15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C Menne, MD
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 1-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-4-61
23c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park, Ironton Mo.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR: White Funeral Home, Ironton Mo. — ADDRESS
Ancil J White
25. DATE RECD. BY LOCAL REG.: 1-3-61
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1961

MAR 2 1962

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Brooklyn, NW

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.