

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020201  
STATE FILE NUMBER

AMENDED

Registration District No. 369

Primary Registration District No. 6257

Registrar's No. 2

FILED JUN 5 1961

## 1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN PATTERSON LOGAN

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 5 MILES S.E. PATTERSON

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

WAYNE

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN PATTERSON

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MALINDA JANE ALDRICH

## 4. DATE OF DEATH

Month

Day

Year

MAY 21 1961

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-17-1883

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

## 10b. KIND OF BUSINESS OR INDUSTRY

HOME

## 11. BIRTHPLACE (City and state or country)

COLDWATER, MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JAMES MONTGOMERY

## 13b. MOTHER'S MAIDEN NAME

JANE STREET

## 14. NAME OF HUSBAND OR WIFE

THOMAS 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

AUGUSTA HAWKINS, Patterson

## 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)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Routine Investigation and  
Presumed to be Natural Cause

## INTERVAL BETWEEN ONSET AND DEATH

## 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 ☐ Unknown19. 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

to

and last saw her

him alive on

Death occurred at

4:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wayne

## 22b. ADDRESS

Patterson, Mo

## 22c. DATE SIGNED

May 23-61

## 23a. BURIAL, CREMATION, REMOVALS (Specify)

BURIAL

## 23b. DATE

5-22-61

## 23c. NAME OF CEMETERY OR CREMATORY

LITTLE LAKE CEM

## 23d. LOCATION (City, town, or county)

NEAR PATTERSON MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

321 N. Main

## 25. DATE RECD. BY LOCAL REG.

May 25, 1961

## 26. REGISTRAR'S SIGNATURE

Sheila Lovelace

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

1961 9 NOV

# 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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mervin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Bedmont, Va

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.