SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021942
STATE FILE NUMBER

AMENDED

Registration District No. 217 Primary Registration District No. 5781 Registrar's No. 37

FILED JUN 26 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RFD #3 Charleston — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD #3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: RFD #3 Charleston — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD #3 Charleston — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Dorothy Middle: Elizabeth Last: Aldridge
4. DATE OF DEATH: Month Day Year: 6/14/61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/26/1917
9. AGE (last birthday): 43
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Paducah, Ky.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Everett Dismore
13b. MOTHER'S MAIDEN NAME: Ella McClain
14. NAME OF HUSBAND OR WIFE: Archie 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: Archie Aldridge, Address: Charleston, 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): pulmonary fibrosis + emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3 years
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): cor pulmonale
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 Jan 1959, to June 1961 and last saw her alive on June 12, 1961
Death occurred at 7:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W L Davis (Degree or title) MD
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 6-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/16/61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.
24. FUNERAL DIRECTOR: Jim Nunnelee Jr. ADDRESS: The Nunnelee Funeral Chapel Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 6-22-61
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3851

P. O. Address Charleston

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.