

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-037910

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 148

FILED OCT 18 1961

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Remiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Steele</u>		Length of stay in lb <u>1 hour</u>		c. CITY OR TOWN <u>Steele, Mo.</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayti Memo. Hospital</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>2 1/2 mi. E. of Steele, Mo.</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Aldridge</u> Last <u>U.S.A.</u>				4. DATE OF DEATH <u>10-1-1961</u> Year			
5. SEX <u>male</u>	6. COLOR OR RACE <u>col.</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>3-23-73</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Banks, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mat Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Annie M. Aldridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>411-12-4493</u>		17. INFORMANT <u>Wm. Aldridge, Steele, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>D.O.A. - coronary</u>							INTERVAL BETWEEN ONSET AND DEATH
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)					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 <u>D.O.A.</u> to _____ and last saw her alive on <u>Oct 1-61</u> Death occurred at <u>10-1-61</u> <u>2 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. J. Smith</u>				(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>10-2-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-5-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MA Meriah</u>		23d. LOCATION (City, town, or county) <u>Steele, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>T. J. Smith, Hayti, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-4-61</u>	26. REGISTRAR'S SIGNATURE <u>Charles E. Sloan</u>		

(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. 3788

P. O. Address Camden, N.J.

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.