

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021846

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 20 1962

Primary Registration District No.

3003

Registrar's No.

83

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		c. CITY OR TOWN MANO	
Length of stay in 1b 3 mo.		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maires R st Home		d. STREET ADDRESS (If outside, give location) 2 mi. N. Mano	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First ANNA Middle LEE Last ALDRIDGE		4. DATE OF DEATH Month JUNE Day 9 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7/24/74
9. AGE (last birthday) 87		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Scotland Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jesse Sparks		13b. MOTHER'S MAIDEN NAME Sarah Logan	
14. NAME OF HUSBAND OR WIFE Harvey Aldridge		Address	
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. none	
17. INFORMANT Virgie Aldridge, R.F.D Exeter, Mo.		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) Cholangitis		INTERVAL BETWEEN ONSET AND DEATH Months	
DUE TO (b) Cholelithiasis and cholecystitis, chronic.		Years	
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 Feb. 5, 1962 to June 9, 1962 and last saw her alive on May 29, 1962		Death occurred at 12:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 315 1/2 Broadway Monett, Mo.	22c. DATE SIGNED 6-11-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/11/62	23c. NAME OF CEMETERY OR CREMATORY Aldridge Cemetery	23d. LOCATION (City, town, or county) Mano, Mo.
24. FUNERAL DIRECTOR Doyle E. Williamson, Casaville, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-62 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 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 Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Greenville, N.C.

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.