

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047836

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 272 Primary Registration District No. 5912 Registrar's No. 241

STATE FILE NUMBER

FILED JAN 8 1963

1. PLACE OF DEATH

a. COUNTY

Remount

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

Steele

Length of stay in lb

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

a. STATE

Mo

b. COUNTY

Remount

c. CITY
OR TOWN

Steele

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Rt 1

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rt 1

Reside on Farm

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

First

Middle

Last

James Aldridge

4. DATE OF DEATH

Month

Day

Year

12-17-62

5. SEX

M

6. COLOR OR RACE

Cal

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-19-97

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

1

28

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left ventricular failure

INTERVAL BETWEEN ONSET AND DEATH

Ten hours, severe pump

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

DUE TO (b)

Pulmonary edema

DUE TO (c)

D.O.A.

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, Year20d. 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 12/4/62 to 12/4/62 and last saw him alive on 12/4/62
Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Robert Barlett A.O.

22b. ADDRESS

Steele, Mo.

22c. DATE SIGNED

21 Dec. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12-19-62

23c. NAME OF CEMETERY OR CREMATORY

Holly Grove

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

Steele

23e. (State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

German Funeral Home Steele, Mo.

25. DATE RECD. BY LOCAL REG.

1-3-63

26. REGISTRAR'S SIGNATURE

Esther Callens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

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 _____

Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address St. Louis, Missouri

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.