

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040804

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

199

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

PEMISCOT

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

HAYTI MO

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Pemiscot Memorial Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE

MO

b. COUNTY

PEMISCOT

admission)

c. CITY

OR
TOWN

STEELE

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

RFD 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

WILLIAM EULISSIS ALDRIDGE

4. DATE

Month

Day

Year

OF
DEATH

OCT.

7

1963

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

2/9/1905

9. AGE (last birthday)

58

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)

Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Robinsonville miss.

12. CITIZEN OF WHAT COUNTRY

Pemiscot USA

13a. FATHER'S NAME

Matt Aldridge

13b. MOTHER'S MAIDEN NAME

Julia Thomas

14. NAME OF HUSBAND OR WIFE

Richard Aldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give war or dates of service)

no None

16. SOCIAL SECURITY NO.

408-16-9714

17. INFORMANT

Richard Aldridge Steel R1 mo

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

IMMEDIATE CAUSE (a)

Gunshot Wound to base of Brain

INTERVAL BETWEEN
ONSET AND DEATH

1 Day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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 ☐ 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.

Month, Day, Year

p.m.

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.)

In Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Walter L. McCoy M.D.

22b. ADDRESS

Caruthersville, Mo.

22c. DATE SIGNED

10-18-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10/10/63

23c. NAME OF CEMETERY OR CREMATORY

Hollygrove

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

Steel mo.

(State)

24. FUNERAL DIRECTOR

John W German Funeral Home Hayti, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-18-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	
1 0781		
2 0780		
3		
4 2		
5 2		
6		
7 1		
8 2		
9 9761		
10		
11		
12 1-0		
13 1-0		

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

Jack Kelly

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.