

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-046768**

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4515 Registrar's No. 97

**FILED NOV 26 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1050

2 17400

3

4 0

5 0

6

7 0

8 0

9 7625

10

11

12 1-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		Length of stay in 1b <u>32 HRS</u>	c. CITY OR TOWN <u>GALT</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALFRED LEE ALDRIDGE</u>			4. DATE OF DEATH Month Day Year <u>NOV 18 1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 16 1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) —
		11. BIRTHPLACE (City and state or country) <u>MILAN MO</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>HAROLD LEE ALDRIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>JOAN CAROL GARR</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harold Lee &amp; Aldridge, Sr. et al.</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>Anoxia and convulsions</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Death 1057</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Prematurity of child 7 months pregnancy</u>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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>NOV-16-1963</u> to <u>NOV.18-1963</u> and last saw her/him alive on <u>Nov 17-1963 5pm</u> Death occurred at <u>1:05 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A.W. Ester</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Galt Missouri</u>	22c. DATE SIGNED <u>11-19-63</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>NOV 19, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hill Farm</u>	23d. LOCATION (City, town, or county) (State) <u>Dean Iowa</u>
24. FUNERAL DIRECTOR <u>Norman Howard James</u>		25. DATE RECD. BY LOCAL REG. <u>11-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>

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 *Russell Huggin*

Licensed Embalmer No. 3792

P. O. Address *Melrose*

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.