MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

B63-046768
STATE FILE NUMBER

Registration District No. 381 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 1400
3
4 0
5 0
6
7 0
8 0
9 7625
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11
12 1-2
13 2-0

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

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan
Length of stay in 1b: 32 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan County Memorial Host
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Grundy
c. CITY OR TOWN Galt
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ALFRED Middle LEE Last ALDRIDGE

4. DATE OF DEATH: Month NOV Day 18 Year 1963

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: NOV 16 1963

9. AGE (last birthday): —
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): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): MILAN MO

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: HAROLD LEE ALDRIDGE

13b. MOTHER'S MAIDEN NAME: JOAN CAROL GARR

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: Harold Lee Aldridge Address: Galt, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anopia and Convulsions — INTERVAL BETWEEN ONSET AND DEATH: death 10 Sec
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Prematurity of Child 7 months pregnancy

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 NOV-16-1963 to NOV. 18-1963 and last saw her him alive on Nov 17-1963 5 pm
Death occurred at 1:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.W. Ertel (Degree or title) DO

22b. ADDRESS Galt Missouri

22c. DATE SIGNED 11-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE NOV 19, 1963

23c. NAME OF CEMETERY OR CREMATORY Hill Iowa

23d. LOCATION (City, town, or county) Dean (State) Iowa

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home Lancaster

25. DATE RECD. BY LOCAL REG. 11-19-63

26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett

(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_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 3792

P. O. Address [illegible]

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.