

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14192**

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 199			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			c. LENGTH OF STAY (in this place) 5 Yrs		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 913 E. Boonville				STREET ADDRESS (If rural, give location) 913 E. Boonville					
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) A.		c. (Last) ALDRICH			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1895			
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Cooper county, Missouri			
11. BIRTHPLACE (City and State or Foreign Country) Cooper county, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Aldrich		13b. MOTHER'S MAIDEN NAME Mary Arnold			
13a. FATHER'S NAME Richard Aldrich		13b. MOTHER'S MAIDEN NAME Mary Arnold		14. NAME OF HUSBAND OR WIFE Irene Meier Aldrich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-10-9511		17. INFORMANT'S SIGNATURE OR NAME Irene Meier Aldrich		ADDRESS 913 E. Boonville Sedalia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Pulmonary Edema				ANTECEDENT CAUSES				4 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Congestive Heart Failure				3 or 4 yrs.	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS				2 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death.				Liver Hypertrophy				2 yrs.	
Gastric Mass - Probably Malignant				25-3 mo.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4341H			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-16-1955 , to 4-27-1956 , that I last saw the deceased alive on 4-27- , 1956, and that death occurred at 5:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Donald K. Kirby M.D.				23b. ADDRESS 814 W. 16th Sedalia Mo.		23c. DATE SIGNED 4-28-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-1956		24c. NAME OF CEMETERY OR CREMATORY Laurel Oaks Cemetery Windsor, Mo.		24d. LOCATION (City, town, or county) (State) Windsor, Mo.			
DATE REC'D BY LOCAL REG. 4-28-56		REGISTRAR'S SIGNATURE Lurina County Deputy		25. FUNERAL DIRECTOR'S SIGNATURE DW Deebart		ADDRESS SEDALIA, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No. 52
working under my personal supervision..

Student Clifford Houge
signature of Student Embalmer

Signed W. Hebert

Licensed Embalmer No. 34

P. O. Address SEDALIA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.