

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18447**

FILED MAY 27 1949

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|--|---|--|--|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 373 | | PRIMARY REG. DIST. NO. 10769 | | Registrar's No. 24 | |
| 1. PLACE OF DEATH a. COUNTY Webster | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Ozark township | | c. LENGTH OF STAY (In this place) life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | | 112 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X | | | | d. STREET ADDRESS (If rural, give location) Ozark township | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) - Wayne - c. (Last) Aldrich | | | 4. DATE OF DEATH (Month) (Day) (Year) April - 11 - 1949 | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH April - 17 - 1934 | | 9. AGE (In years last birthday) 14 | IF UNDER 1 YEAR Months X Days X | IF UNDER 6 HOURS Hours X Min. X |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY School | | 11. BIRTHPLACE (State or foreign country) Webster County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Roy Aldrich | | 13b. MOTHER'S MAIDEN NAME Frances Spencer | | 14. NAME OF HUSBAND OR WIFE X | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Roy Aldrich - Marshfield, Mo. ADDRESS | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma R. Kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Injury while at school DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 181X | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. 4 mo. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Three weeks in Hospital | | | |
| 22. I hereby certify that I attended the deceased from June 24, 1947 , to April 11, 1949 , that I last saw the deceased alive on April 11, 1949 , and that death occurred at 8 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE A. P. Todd (Degree or title) D. C. I | | | 23b. ADDRESS Marshfield, Mo. | | | 23c. DATE SIGNED 4/21/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 13 - 1949 | 24c. NAME OF CEMETERY OR CREMATORY Marshfield | | 24d. LOCATION (City, town, or county) (State) Marshfield, Missouri | | |
| DATE REC'D BY LOCAL REG. 4/29/49 | | REGISTRAR'S SIGNATURE J. Francis 392 | | 25. FUNERAL DIRECTOR'S SIGNATURE Lex Rainey ADDRESS Marshfield, Mo. | | | |

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

RECEIVED

District Health Officer No. 6,

District File Number 549-540

Date Filed 5-9-49

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.

Signed _____
Student Embalmer

Signed Tex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

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 this body is not embalmed, fact should be so stated above.