

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5695**

No. 300  
10-48

**FILED MAR 8 1954**

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4407** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		c. LENGTH OF STAY (in this place) <b>4 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>	
d. STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Newton</b> b. (Middle) <b>William</b> c. (Last) <b>Aldredge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-25-54</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-8-1872</b>
9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR <b>11</b> Months <b>12</b> Days	11. BIRTHPLACE (City and State or Foreign Country) <b>Postal Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Pleasant R. Aldredge</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Taylor</b>	
13c. NAME OF HUSBAND OR WIFE <b>Velura Aldredge</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Velura Aldredge</b>		ADDRESS <b>LaMonte Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peptic Ulcer</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <b>Dec 10, 1953</b> , to <b>Feb 25, 1954</b> , that I last saw the deceased alive on <b>Feb 24, 1954</b> , and that death occurred at <b>9:30 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. A. Hite M.D.</b>		23b. ADDRESS <b>Green Ridge MO</b>	
23c. DATE SIGNED <b>2-26-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-27-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LaMonte Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaMonte Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2/27-1954</b>		REGISTRAR'S SIGNATURE <b>W. G. Campbell M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore</b>		ADDRESS <b>LaMonte Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

800  
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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 .....  
Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.