No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30262

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 935

0396

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1844 W. Chestnut Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1844 W. Chestnut Street 0396

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): BRAXTON
c. (Last): ALDRIDGE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 27 Feb. 1869
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Law inforcer
10b. KIND OF BUSINESS OR INDUSTRY: Sheriff (County)
11. BIRTHPLACE (City and State or Foreign Country): Gainesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nathaniel Aldridge
13b. MOTHER'S MAIDEN NAME: Amanda Sams
14. NAME OF HUSBAND OR WIFE: Janie Aldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: R.N.Aldridge, 1844 W. Chestnut Street Springfield, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart D. Sense — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 26, 1954, *to* Oct 8, 1954, *that I last saw the deceased alive on* Oct 7, 1954, *and that death occurred at* 5:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton Wolleman MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 10-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10 Oct. 1954
24c. NAME OF CEMETERY OR CREMATORY: West Plaines Cemetery
24d. LOCATION (City, town, or county) (State): West Plaines, Missouri.

DATE REC'D BY LOCAL REG.: 10-9-54
REGISTRAR'S SIGNATURE: Earth Williamson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thiene Funeral Home, Doorville

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph H. Green

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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