

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11455

State File No.

No. 300
10.48

FILED APR 20 1955

BIRTH NO. 21574-55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 319 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> <u>0352</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> <u>0350</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> <u>0</u>		c. CITY OR TOWN <u>Kennett Mo.</u>	
c. LENGTH OF STAY (in this place) <u>9 hrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Boeney</u> b. (Middle) <u>Ray</u> c. (Last) <u>Aldridge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11- 1955</u>
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5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u> <input checked="" type="checkbox"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>April 11- 1955</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hubert Aldridge</u>	13b. MOTHER'S MAIDEN NAME <u>Ava Gene Bowen</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give year or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Aldridge</u>	ADDRESS <u>Kennett Mo.</u>
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apnea Neonatorum</u>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (b) <u>Too deep maternal analgesia and anesthesia.</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7620</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 4-11, 1955, to 4-11, 1955, that I last saw the deceased alive on 4-11, 1955, and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quinton Tarver</u> <u>M.D.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>4-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-15-55</u>	REGISTRAR'S SIGNATURE <u>Leah Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u>	ADDRESS <u>Kennett Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-18-55
COUNTY FILE NUMBER 455

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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
Signature of Student Embalmer

Signed *Edgar Lee Thier*

Licensed Embalmer No. *435*

P. O. Address *Remeth*

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.