

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44215
STATE FILE NUMBER
Registrar's No. 6027

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002

S. 300
ev. 1-57
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

K. L. Shireman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Northeast Restorium		STREET ADDRESS 3240 Norledge	
3. NAME OF DECEASED (Type or print) IDA ALDRIDGE		4. DATE OF DEATH Month Dec. Day 18, Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Baxter Springs, Kansas
13a. FATHER'S NAME Ralph C. Crume		13b. MOTHER'S MAIDEN NAME Ann E. Smith	14. NAME OF HUSBAND OR WIFE Wm. L. Aldridge
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Grace Milet, 3218 Central, KC, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary embolus DUE TO (c) Phlebothrombosis right leg.			INTERVAL BETWEEN ONSET AND DEATH 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18). _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo	
21. I attended the deceased from Jan 1956 to Dec 18, 1957 and last saw Dec 18, 1957 alive on Dec 18, 1957 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE K. L. Shireman M.D.		22b. ADDRESS 4606 St John KCMo	
22c. DATE SIGNED 12-20-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-20-57	26. REGISTRAR'S SIGNATURE Neva Marshall



W. Schimmmer
4606 S. 1st St.

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
Signature of Student Embalmer

Signed *Walter H. Cerwin*

Licensed Embalmer No. *4352*
P. O. Address *H. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.