

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036017

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1211

300
1-57
96

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield, 396
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Baptist Hospital		Length of stay in lb 54 years	d. STREET ADDRESS 928 E. Chestnut (If outside, give location)
3. NAME OF DECEASED (Type or print) First Harvey Middle M. Last Aldrich			4. DATE OF DEATH Month October Day 22 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1904
9. AGE (In years last birthday) 54	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Garage	9. AGE (In years last birthday) Months 6 Day 1 Hours Min.
11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank M. Aldrich		13b. MOTHER'S MAIDEN NAME Mamie A. Shoemaker	
14. NAME OF HUSBAND OR WIFE Mrs. Lucy Aldrich		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Lucy Aldrich Address Springfield, 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) Respiratory Inefficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diffuse Obstructive Emphysema DUE TO (c) Allergic Bronchitis			INTERVAL BETWEEN ONSET AND DEATH 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 p.m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from June 1956 to Oct 22, 1958 and last saw him alive on Oct 21, 1958 Death occurred at 11:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Callaway, Jr MD (Degree or title)		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED Oct 22, 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct.	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR Danner - Schmitt Funeral Home Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-58	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary-Coroner must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Lewis G. Schaeffer*

Licensed Embalmer No. *3802*

P. O. Address *Springfield*

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.