

FILED JUN 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4359 State File No. 42972

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) Point Pleasant		c. CITY (If outside corporate limits, write RURAL and give township) Point Pleasant Portageville	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) H.	c. (Last) Alexander	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1948
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-15-25	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Masonry Work	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) New Madrid, Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dan Alexander	13b. MOTHER'S MAIDEN NAME Nona Hart	14. NAME OF HUSBAND OR WIFE Inez Alexander
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2	16. SOCIAL SECURITY NO. 490-26-4980	17. INFORMANT'S SIGNATURE OR NAME Dan Alexander	ADDRESS Portageville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning- Body found in Mississippi River in Pemiscog County. 6-7-49		INTERVAL BETWEEN ONSET AND DEATH 8508 42
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miss. River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Point Pleasant New Madrid, Mo. 72
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 14, 1948	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat Cap-sized
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22. I hereby certify that I attended the deceased from 1948, 1948, to 1948, 1948, that I last saw the deceased alive on 1948, 1948, and that death occurred at 1948, 1948, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Osburn - Coroner	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 6-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-49	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.	24d. LOCATION (City, town, or county) (State) Portageville, Mo.
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DATE REC'D BY LOCAL REG. June 10, 1949	REGISTRAR'S SIGNATURE Ellen DeLisle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. S. Smith Funeral Home Caruthersville, Mo.
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MAR 9 1950
MAR 14 1950

RECEIVED

District Health Office No. 2

District File Number 649.62

Date Filed JUN 21 1949

JUN 5 1949

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 _____

Body Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.