

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8764

State File No.

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5573		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Grain Valley		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY OR TOWN Grain Valley		48	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Columbus b. (Middle) M c. (Last) Alexander			4. DATE OF DEATH 2 - 24 - 49				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept 20 - 1866	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Grain Valley MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Noah M Alexander			13b. MOTHER'S MAIDEN NAME Mary Lagon			14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME ADDRESS Mrs M. Heidelberger Grain Valley			
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) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 277				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-15, 1949, to 2-24, 1949, that I last saw the deceased alive on 2-23, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles Finckel, D.O.				23b. ADDRESS Grain Valley		23c. DATE SIGNED 2-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-49		24c. NAME OF CEMETERY OR CREMATORY Purdus Chapel		24d. LOCATION (City, town, or county) (State) Grain Valley MO	
DATE REC'D BY LOCAL REG. 2-26-49		REGISTRAR'S SIGNATURE Donald C. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs G. B. ... Blue Springs MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed RBurbh

Licensed Embalmer No. 2313

P. O. Address Blue Springs 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 this body is not embalmed, fact should be so stated above.