

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14507

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houstonia</u>	
c. LENGTH OF STAY (In this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitgibbon Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First)	b. (Middle) <u>EVELYNE</u>	c. (Last) <u>ALEXANDER</u>	4. DATE OF DEATH <u>April-16-1949</u>
				(Month) (Day) (Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26-1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 11 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Longwood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>D. B. Walk</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Curry</u>	14. NAME OF HUSBAND OR WIFE <u>Rodney W. Alexander</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rodney W. Alexander</u>	ADDRESS <u>Houstonia, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>216X</u>

19a. DATE OF OPERATION <u>8-4-1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cystec Ovaries, fibrotic uterus, Retrocecal Appendix</u>	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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar. 16, 1949, to Apr. 15, 1949, that I last saw the deceased alive on Apr. 15, 1949, and that death occurred at 3: p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D. 11</u>	23b. ADDRESS <u>Sweet Springs, Missouri</u>	23c. DATE SIGNED <u>Apr. 17-</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millers Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Longwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr 18-1949</u>	REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Houstonia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97
12

MAY 9 REC'D

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 5-10-19

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 [Signature]

Licensed Embalmer No. 3987

P. O. Address Houston, Tex.

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.