

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24333

81
22
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>101</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Newburg</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>8 0 9</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLES EDWARD ALEXANDER</u>			a. (First) <u>CHARLES</u>			b. (Middle) <u>EDWARD</u>		
c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 26-1973</u>		
9. AGE (In years, if under 1 year, last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Shop Work</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps County, Mo</u>		
12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>David Price Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ballard</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>212</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Suffer</u> ADDRESS <u>Newburg Mo</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>rather</u>		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 <u>June</u> , 19 <u>48</u> , to <u>July</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>5:30 P.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. R. Greener M.D.</u>				23b. ADDRESS <u>Newburg Mo</u>		23c. DATE SIGNED <u>7-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>July 30 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hudgens</u>		24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-2-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeckl</u>		380		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u>		

RECEIVED
Phelps County Health Officer,
County File Number 8-9-49
Dated 6-6-8

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.

Signed Lee Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.