

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 27297

**FILED AUG 22 1949**

No. 300  
10.48

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

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>175</u>  |  | PRIMARY REG. DIST. NO. <u>3036</u>   |  | Registrar's No. <u>76</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora Missouri</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>42 West College</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>42 West College</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Alexander</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>August 10-49</u> |  |  |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>   |  | 8. DATE OF BIRTH <u>Mar. 9 1877</u>                                      |  |
| 9. AGE (In years last birthday) <u>72</u>  |  | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>1</u>   |  | IF UNDER 24 HRS.<br>Hours <u>1</u> Min.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coal, Const.</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Aurora Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                               |  |
| 13a. FATHER'S NAME <u>Albert Alexander</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>----- Fossett</u>               |  |  | 14. NAME OF HUSBAND OR WIFE <u>Bertha Mae Alexander</u>                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>500-01-8613</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maggie Fletcher Aurora Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  |  |  | <b>MEDICAL CERTIFICATION</b>   |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>   |  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Ch. myocarditis</u>   |  |  |  |  |  |  |  |
| DUE TO (c)   |  |  |  |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  | <u>4222</u>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.)   |  | 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>July 20</u> , 19 <u>49</u> , to <u>8-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>49</u> , and that death occurred at <u>10.20pm.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>R. L. Cowan M.D.</u>   |  |  |  | 23b. ADDRESS <u>Aurora Mo.</u>   |  | 23c. DATE SIGNED <u>8-12-49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Aug 12-49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>          |  |
| DATE REC'D BY LOCAL REG. <u>Aug 12-49</u>  |  | REGISTRAR'S SIGNATURE <u>Orin Mc Natt</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold King</u>  |  | ADDRESS <u>Aurora Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 17 1949

District Health Office No. 8,

District File Number 849-953

Date Filed 8-18-49

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

*George E. Bennett*

Licensed Embalmer No.

*4398*

P. O. Address

*Purdy 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.