No. 300
10.48

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

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31459

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6013 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Clifton Hill Twp
c. LENGTH OF STAY (In this place): entire life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #2 Clifton Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton Hill Twp - rural
d. STREET ADDRESS (If rural, give location): R.F.D. #2 - Clifton Hill Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Alexander
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/26/1870
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David M. Alexander
13b. MOTHER'S MAIDEN NAME: Emeline Bettiejohn
14. NAME OF HUSBAND OR WIFE: Luther Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: George Alexander; ADDRESS: Clifton Hill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — ?
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1949, *to* 9-18, 1949, *that I last saw the deceased alive on* 9-18, 1949, *and that death occurred at* 5:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Noel Ramp D.O.
23b. ADDRESS: Clifton Hill Mo
23c. DATE SIGNED: 9-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/19/1949
24c. NAME OF CEMETERY OR CREMATORY: Thomas Hill Cemetery
24d. LOCATION (City, town, or county) (State): Thomas Hill, Missouri

DATE REC'D BY LOCAL REG.: 9/24/1949
REGISTRAR'S SIGNATURE: Mrs. L. A. Barnhart
25. FUNERAL DIRECTOR'S SIGNATURE: Tom B Patton
ADDRESS: Huntsville Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1949

RECEIVED SEP 27 1949
District Health Officer No. 1
District File Number 9-49-16
Date Filed SEP 27 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala.

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.