

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4439

State File No.

BIRTH NO. 48328-49 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 7

361

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>CRAWFORD FRANKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN, RURAL</u> | | c. LENGTH OF STAY (In this place) <u>9 MOS</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN, RURAL</u> | | d. STREET ADDRESS (If rural, give location) <u>BAPPINGTON ROAD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u> | | | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u> b. (Middle) <u>GENE</u> c. (Last) <u>ALEXANDER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 28 1950</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u> | |
| 8. DATE OF BIRTH <u>MAY 21, 1949</u> | | 9. AGE (In years last birthday) <u>9</u> Months <u>7</u> Days | | 10. UNDER 1 YEAR Hours <u>—</u> Min. <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (State or foreign country) <u>SULLIVAN - MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>ARTHUR EUGENE ALEXANDER</u> | | 13b. MOTHER'S MAIDEN NAME <u>HAZEL SHULTS</u> | | 14. NAME OF HUSBAND OR WIFE <u>single</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR E. ALEXANDER</u> ADDRESS | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Distention</u> ANTECEDENT CAUSES <u>Diagnosis acute</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS <u>none</u> Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>4-5 Days</u> <u>5710</u> | |
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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) <u>Franklin MO</u> | |
| 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 Feb 27, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 10 AM, from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Deed or title) <u>R. P. Royal M.D.</u> | | 23b. ADDRESS <u>Sullivan Mo</u> | | 23c. DATE SIGNED <u>2/28/50</u> | |
|--|--|---------------------------------|--|---------------------------------|--|

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|--|--|-------------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAR. 4, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>W.O.O.F.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>SULLIVAN - MO</u> | | | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-1-50</u> | | REGISTRAR'S SIGNATURE <u>Ed Prater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Hutton</u> ADDRESS <u>Sullivan, Mo.</u> | |
|--|--|--|--|---|--|

District File Number _____
District Health Officer No. 9,
RECEIVED MAR 8 1960

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 *Edgar W. Pafflow* _____

Licensed Embalmer No. *23394* _____

P. O. Address *Sullivan 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.