

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12810
State File No. 1780

FILED MAY 6 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City mo</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1804 E 11 st 3178</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1804 E 11 st</u>			

3. NAME OF DECEASED a. (First) <u>Fletcher</u> b. (Middle) <u>H</u> c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 2-1897</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing House</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u>	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Hes Alexander</u>	13b. MOTHER'S MAIDEN NAME <u>Marguerite Strickland</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie S Alexander</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>U.S. Army</u>	16. SOCIAL SECURITY NO. <u>510-05-7806</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie S Alexander</u>	ADDRESS <u>1804 E 11 st</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>332</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Vascular hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Syphilitic aortitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 3/6/48 to 4/14/50, that I last saw the deceased alive on 4/13, 1950, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. Coffey D.O.</u>	(Degree or title)	23b. ADDRESS <u>1224 East 12th St.</u>	23c. DATE SIGNED <u>4/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not Central Heavenworth</u>	24d. LOCATION (City, town, or county) (State) <u>Heavenworth Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-17-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Graham Burr</u>	ADDRESS <u>2304 Pine st</u>
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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 Myron W. Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4653

P. O. Address H. P.

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.