

FILED AUG 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23981

BIRTH NO. _____		REG. DIST. NO. <u>187</u>	PRIMARY REG. DIST. NO. <u>9040</u>	Registrar's No. <u>128</u>
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		
c. LENGTH OF STAY (in this place) <u>72 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>200 2nd Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>-</u> c. (Last) <u>Alex</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-24-1877</u>	9. AGE (In years last birthday) <u>72</u>
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>Custodian</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Henry Alex</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Effie Brown - Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>2nd & 3rd Degree Burns of Body</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe Livingston Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 28 50 30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Bed caught on fire while smoking in bed</u>		
22. I hereby certify that I attended the deceased from <u>March 22, 1950</u> , to <u>June 28, 1950</u> , that I last saw the deceased alive on <u>June 27, 1950</u> , and that death occurred at <u>1 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Joseph F. Yale</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>6-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Colored</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 29 50</u>	REGISTRAR'S SIGNATURE <u>Franco B Nail</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>171 Norman Funeral Home; Chillicothe, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, 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.