

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30265

State File No.

3744

BIRTH NO. 56570-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3744

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>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> <u>0240</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Brenda</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Alexander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>August 31, 1950</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 24 HRS. Days <u>4</u>	IF UNDER 1 MIN. Hours <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Excelsior Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Paul Alexander</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Woods</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Father - Mr. Paul Alexander, Excelsior Springs, Mo.</u>	ADDRESS <u>Excelsior Springs, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aspiration pneumonia</u> DUE TO (c) <u>tracheo-oesophageal fistula (gastro)</u>			15 ^{1/2}
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from Sept. 2, 1950, to Sept. 4, 1950, that I last saw the deceased alive on Sept. 4, 1950, and that death occurred at 1st a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. C. Gilkey</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Children's Mercy Hosp.</u>	23c. DATE SIGNED <u>9-4-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Excelsior Springs, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>9-4-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude C. ...</u> ADDRESS <u>Excelsior Springs, Mo.</u>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lindell J. Jernan*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.