

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11713

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 398	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Pettee		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		a. STATE Missouri		b. COUNTY Pettee	
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) 1609 So. Montgomery			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1609 So. Montgomery			
3. NAME OF DECEASED (Type or Print) PAT		a. (First) E		b. (Middle) WOOD		c. (Last) ALEXANDER	
4. DATE OF DEATH (Month) (Day) (Year) Dec 12-1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 10-1873		9. AGE (In years last birthday) 77		10. MONTHS 9		11. DAYS 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Florence Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Tom Alexander		13b. MOTHER'S MAIDEN NAME Carolyn Russel		14. NAME OF HUSBAND OR WIFE Minnie Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Alexander			
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, asthma, 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) A large bleeding ulcer, also a smaller gastric		ANTECEDENT CAUSES ulcer, at pyloric end of stomach. Obstruction of bowels due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5700	
DUE TO (c) S		II. OTHER SIGNIFICANT CONDITIONS Arterio-sclerotic hypertension. Long standing.				Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation at this time. Was operated in 1930				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural death.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.		21c. (CITY, TOWN, OR TOWNSHIP) Sedalia		21d. (COUNTY) DEWITT	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury. * for this attack.			
22. I hereby certify that I attended the deceased from Dec. 10, 1950 to December 12, 1950, that I last saw the deceased alive on Dec. 12, 1950 and that death occurred at 9:45 A.M. from the causes and on the date stated above.							
23a. SIGNATURE C. B. Prader				23b. ADDRESS 112 West 4th Street, Sedalia, Mo		23c. DATE SIGNED 12/15/1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-14-50		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) Sedalia, Mo	
DATE REC'D BY LOCAL REG. 12-14-50		REGISTRAR'S SIGNATURE C. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia	

808

Found at autopsy.

One gastric ulcer-1'x 1/4 ', also a smaller gastric ulcer, 3/4 in in diameter, larger ulcer, bleeding. Both at pyloric end of stomach. Coronary sclerosis, moderate. Oedema of both lungs with evidence of earlier tuberculosis, lesions now healed. Kidneys, scar tissue, giving no symptoms, bilateral. Extensive adhesions of small intestines with obstruction. Liver congested, gall bladder filled with, dark, thick, bile. Prostate gland moderately enlarged with no symptoms. Large inguinal herniae, bilateral, readily reduced. No hemorrhoids.

C. B. Prader, M.D.

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 _____
Signed *H. P. M. Gray*
Licensed Embalmer No. *3153*
P. O. Address *Sealover*

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.