

No. 301
10.48

FILED OCT 6 - 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29717

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) NORBORNE		c. CITY (If outside corporate limits, write RURAL and give township) NORBORNE 0170	
c. LENGTH OF STAY (In this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 502 1/2 Second St 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 502 1/2 Second St			
3. NAME OF DECEASED a. (First) JAMES (Type or Print)		b. (Middle) ROBERT ALEXANDER	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) SEPT 28, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JULY-23-1868
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME H. N. ALEXANDER	
13b. MOTHER'S MAIDEN NAME SAMANTHA B. VENEY		14. NAME OF HUSBAND OR WIFE DAISY B. 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. Lattie Jenkins - Tina Mo		ADDRESS	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		4 yrs 2-12-51	
ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, diffuse		
DUE TO (c) Chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NORBORNE MO			
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 2-12-1951 , to 9-28-1951 , that I last saw the deceased alive on 9-28-1951 , and that death occurred at 12:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Ralph E Hasbelle		23b. ADDRESS 212 South Pine St. Norborne Mo	
23c. DATE SIGNED 9-29-51			
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE Sept. 30, 1951	
24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Norborne Mo	
DATE REC'D BY LOCAL REG. Sept-29-1951		REGISTRAR'S SIGNATURE Eileen Peniston	
25. FUNERAL DIRECTOR'S SIGNATURE Krupschild		ADDRESS Harding Mo	

(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..... *August H. Borchering*

Licensed Embalmer No. *4678*

P. O. Address..... *Hardin, 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.